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Editor's Note: The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are as follows:

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July	14, 1995 - Issue 28: Through	June	30, 1995
October	13, 1995 - Issue 41: Through	September	30, 1995
January	12, 1996 - Issue 2: Through	December	31, 1995 (Annual)

INTRODUCTION

The *Illinois Register* is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. The Register also contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current Register volume year and a Sections Affected Index listing by Title each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume year. Both indices are action coded and are designed to aid the public in monitoring rules.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State statute; and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies; is also published in the Register.

The Register is a weekly update to the *Illinois Administrative Code* (a compilation of the rules adopted by State agencies). The most recent edition of the Code along with the Register comprise the most current accounting of State agencies' rules.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1 et seq.].

REGISTER PUBLICATION SCHEDULE 1995

Material Rec'd after 12:00 p.m. on:	And before 12:00 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 12:00 p.m. on:	And before 12:00 p.m. on:	Will be in Issue #:	Published on:
Dec. 20, 1994	Dec. 27, 1994	1	Jan. 6, 1995	June 27, 1995	July 3, 1995	28	July 14, 1995
Dec. 27, 1994	Jan. 3, 1995	2	Jan. 13, 1995	July 3, 1995	July 11, 1995	29	July 21, 1995
Jan. 3, 1995	Jan. 10, 1995	3	Jan. 20, 1995	July 11, 1995	July 18, 1995	30	July 28, 1995
Jan. 10, 1995	Jan. 17, 1995	4	Jan. 27, 1995	July 18, 1995	July 25, 1995	31	Aug. 4, 1995
Jan. 17, 1995	Jan. 24, 1995	5	Feb. 3, 1995	July 25, 1995	Aug. 1, 1995	32	Aug. 11, 1995
Jan. 24, 1995	Jan. 31, 1995	6	Feb. 10, 1995	Aug. 1, 1995	Aug. 8, 1995	33	Aug. 18, 1995
Jan. 31, 1995	Feb. 7, 1995	7	Feb. 17, 1995	Aug. 8, 1995	Aug. 15, 1995	34	Aug. 25, 1995
Feb. 7, 1995	Feb. 14, 1995	8	Feb. 24, 1995	Aug. 15, 1995	Aug. 22, 1995	35	Sept. 1, 1995
Feb. 14, 1995	Feb. 21, 1995	9	Mar. 3, 1995	Aug. 22, 1995	Aug. 29, 1995	36	Sept. 8, 1995
Feb. 21, 1995	Feb. 28, 1995	10	Mar.10, 1995	Aug. 29, 1995	Sept. 5, 1995	37	Sept, 15, 1995
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Mar. 7, 1995	Mar. 14, 1995	12	Mar. 24, 1995	Sept. 12, 1995	Sept. 19, 1995	39	Sept. 29, 1995
Mar. 14, 1995	Mar. 21, 1995	13	Mar. 31, 1995	Sept. 19, 1995	Sept. 26, 1995	40	Oct. 6, 1995
Mar. 21, 1995	Mar. 28, 1995	14	Apr. 7, 1995	Sept. 26, 1995	Oct. 3, 1995	41	Oct. 13, 1995
Mar. 28, 1995	Apr. 4, 1995	15	Apr. 14, 1995	Oct. 3, 1995	Oct. 10, 1995	42	Oct. 20, 1995
Apr. 4, 1995	Apr. 11, 1995	16	Apr. 21, 1995	Oct. 10, 1995	Oct. 17, 1995	43	Oct. 27, 1995
Apr. 11, 1995	Apr. 18, 1995	17	Apr. 28, 1995	Oct. 17, 1995	Oct. 24, 1995	44	Nov. 3, 1995
Apr. 18, 1995	Apr. 25, 1995	18	May 5, 1995	Oct. 24, 1995	Oct. 31, 1995	45	Nov. 13, 1995 (Mon.)
Apr. 25, 1995	May 2, 1995	19	May 12, 1995	Oct. 31, 1995	Nov. 7, 1995	46	Nov. 17, 1995
May 2, 1995	May 9, 1995	20	May 19, 1995	Nov. 7, 1995	Nov. 14, 1995	47	Nov. 27, 1995 (Mon.)
May 9, 1995	May 16, 1995	21	May 26, 1995	Nov. 14, 1995	Nov. 21, 1995	48	Dec. 1, 1995
May 16, 1995	May 23, 1995	22	June 2, 1995	Nov. 21, 1995	Nov. 28, 1995	49	Dec. 8, 1995
May 23, 1995	May 30, 1995	23	June 9, 1995	Nov. 28, 1995	Dec. 5, 1995	50	Dec. 15, 1995
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June 6, 1995	June 13, 1995	25	June 23, 1995	Dec. 12, 1995	Dec. 19, 1995	52	Dec. 29, 1995
June 13, 1995	June 20, 1995	26	June 30, 1995	Dec. 19, 1995	Dec. 26, 1995	1	Jan. 5, 1996
June 20, 1995	June 27, 1995	27	July 7, 1995	Dec. 26, 1995	Jan. 2, 1996	2	Jan. 12, 1996

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday *(the day before)*.

Printed by authority of the
State of Illinois
December 1995 – 760 – GA-0503

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Medical Payment

2) Code Citation: 89 Ill. Adm. Code 140

3) Section Numbers: Proposed Action:

140.490	Amendment
140.491	Amendment
140.492	Amendment
140.493	New Section

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Complete Description of the Subjects and Issues Involved: These proposed amendments add coverage for helicopter services to the Department's Medical Assistance Program because of the recognition that helicopter services sometimes constitute a medical necessity. There has been an increasing use of helicopters for purposes of critical medical transportation. The Department has provided some coverage exceptions during the past year. These proposed amendments will place a consistent policy on the use of helicopters into the Department's administrative rules. The proposed amendments contain requirements concerning helicopter providers who may be covered, the medical necessity of services and reimbursement provisions. The amendments specify that payment for these services shall not exceed the Medicare allowable rates or the rates charged to the general public.

The increase in Department expenditures for the coverage of helicopter services is expected to be approximately $450,000 per year. This projection is based upon payment and utilization data which indicate a probable usage of 300 trips at a maximum per trip rate of $1,500.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
140.2	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.7	Amendment	August 25, 1995 (19 Ill. Reg. 12210)
140.9	Amendment	August 25, 1995 (19 Ill. Reg. 12210)
140.16	Amendment	September 15, 1995 (19 Ill. Reg. 12937)

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140.40	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.80	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.82	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.84	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.413	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.440	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.443	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
144.444	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
144.445	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
144.446	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
144.447	Amendment	July 7, 1995 (19 Ill. Reg. 8938)
140.460	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.461	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.462	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.463	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.464	Repeal	October 20, 1995 (19 Ill. Reg. 14530)
140.475	Amendment	November 17, 1995 (19 Ill. Reg. 15581)
140.478	Amendment	November 17, 1995 (19 Ill. Reg. 15581)
140.481	Amendment	November 17, 1995 (19 Ill. Reg. 15581)
140.485	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.642	Amendment	November 27, 1995 (19 Ill. Reg. 15788)
140.920	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.922	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.924	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.926	Repeal	October 20, 1995 (19 Ill. Reg. 14530)
140.928	Repeal	October 20, 1995 (19 Ill. Reg. 14530)
140.930	Amendment	October 20, 1995 (19 Ill. Reg. 14530)
140.932	Repeal	October 20, 1995 (19 Ill. Reg. 14530)
140.Table M	Amendment	October 20, 1995 (19 Ill. Reg. 14530)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to Joanne Jones, Bureau of Rules and Regulations, Illinois Department of Public Aid, 100 South Grand Ave. E., 3rd Floor, Springfield, Illinois 62762 (Phone: (217) 524-3215). The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS

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100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Providers of helicopter services for medical transportation purposes

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory agenda on which this rulemaking was summarized: This rule was not included on the 2 most recent agendas because: This rulemaking was inadvertently omitted when the most recent regulatory agenda was published.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

SUBPART B: MEDICAL PROVIDER PARTICIPATION

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SUBPART C: PROVIDER ASSESSMENTS

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SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

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SUBPART E: GROUP CARE

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SUBPART F: MEDICAID PARTNERSHIP PROGRAM

SUBPART G: HEALTHY MOMS/HEALTHY KIDS PROGRAM

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SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT EQUITY (ICARE) PROGRAM

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AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8

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Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg.7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290,

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effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865,

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effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; amended at

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16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 20 Ill. Reg. _____, effective _____.

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section 140.490 Medical Transportation

a) Payment for medical transportation shall be made to an individual or public or private or not-for-profit transportation carrier who provides the appropriate form of transportation and who bills and receives payment from the general public and other third party payors (except for private autos pursuant to subsection (a)(5)). Eligible providers to be considered for payment include:

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1) Ambulance providers who hold a valid license, permit or certification from the state where the business is headquartered or from the Secretary of State (see Section 3-401 of the Illinois Vehicle Title and Registration Law [625 ILCS 5/3-401] ~~{Ill. Rev. Stat. 1989, ch. 95 1/2, pars. 3-401}~~ and Section 8-101 of the Illinois Vehicle Code [625 ILCS 5/8-101] ~~{Ill. Rev. Stat. 1989, ch. 95 1/2, par. 8-101}~~) and pass health/safety inspections annually by the Department of Public Health (see Section 9 of the Emergency Medical Services (EMS) Systems Act [210 ILCS 50/9] ~~{Ill. Rev. Stat. 1989, ch. 95 1/2, par. 5509}~~). Vehicles operated by municipalities must meet the certification requirements contained in 77 Ill. Adm. Code 535, Subpart C, by July 1, 1987. The Department will grant exceptions to this requirement if the municipality can demonstrate that the Illinois Department of Public Health has granted a waiver or exception to such requirements.

2) Medicare ~~Medicar~~ vehicles licensed by the Secretary of State (see Section 3-401 of the Illinois Vehicle Title and Registration Law and Section 8-101 of the Illinois Vehicle Code) or a valid license, permit or certification from the state where the business is headquartered.

3) Taxicabs licensed by the Secretary of State and where applicable by local regulatory agencies (see Section 3-401 of the Illinois Vehicle Title and Registration Law and Section 8-101 of the Illinois Vehicle Code) or a valid license, permit or certification from the state where the business is headquartered.

4) Service cars licensed as livery cars by the Secretary of State and where applicable by local regulatory agencies (see Section 3-401 of the Illinois Vehicle Title and Registration Law and Section 8-101 of the Illinois Vehicle Code) or a valid license, permit or certification from the state where the business is headquartered.

5) Private auto licensed by the Secretary of State (see Section 3-401 of the Illinois Vehicle Title and Registration Law and Section 8-101 of the Illinois Vehicles Code) or a valid license from the state of residence.

6) Helicopter providers who hold a valid license from the State of Illinois issued under the authority of the State of Illinois Department of Public Health, or are licensed in the state where services are provided.

7)~~6~~) Other modes of transportation (bus, train, airplane, etc.).

b) Payment for medical transportation shall be made when: Transportation is provided to or from a source of medical care. Medical care is defined as any medical service covered under the Medical Assistance Program. Transportation will be provided for covered medical services even when the medical service is provided free of charge, such as the Veteran's Administration.

c) Payment shall not be made for medical transportation when a cost-free

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means of transportation is available.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 140.491 Limitations on Medical Transportation

a) In order for payment to be made, the transportation provided must be to the nearest available and appropriate provider, by the least expensive type which is adequate to meet the individual's need. When public transportation is available and is a practical form of transportation, payment will not be made for a more expensive mode of transportation.

b) Approval from the Department is required prior to providing transportation to and from the source of medical care, except:
   1) For transportation provided by an ambulance in emergency situations.
   2) For individuals residing in a long term care facility.
   3) For transportation provided by an ambulance for an individual who is transported from one hospital to a second hospital for services not available at the sending hospital.
   4) For transportation provided by a helicopter when it is demonstrated to be medically necessary as indicated by the written order of the responsible physician in an emergency situation. AN EMERGENCY MAY INCLUDE, BUT IS NOT LIMITED TO:
      A) life threatening medical conditions;
      B) severe burns requiring treatment in a burn center;
      C) multiple trauma;
      D) cardiogenic shock; and
      E) high-risk neonates.

c) When approval is sought for subsequent trips to the same medical service, the client's physician or other medical provider must supply the local office with a brief written statement describing the nature of the need, the necessity for on-going visits, already established appointment dates and the number and expected duration of the required on-going visits. An on-going approval, with a duration of up to six months, may be obtained when subsequent trips to the same medical source are required.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 140.492 Payment for Medical Transportation

Payment for medical transportation services shall be made in accordance with the methodologies outlined in this Section. In no case shall rates exceed the Medicare allowable ~~charge level~~, where applicable, or the rates charged to the general public.

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a) Medicare ~~Medicare~~ shall be paid a base rate, mileage rate and a fixed amount for nonroutine services (e.g., an additional attendant). Loaded miles after ten ~~(10)~~ miles (~~twenty~~ ~~(20)~~ miles round trip) shall be reimbursed.

b) Service cars shall be paid a base rate and a mileage rate. Loaded miles after ten ~~(10)~~ miles (~~twenty~~ ~~(20)~~ miles round trip) shall be reimbursed.

c) Private autos shall be paid for loaded miles at a mileage rate.

d) Payment for transportation services provided by common carrier, (e.g., air lines, buses, trains) shall be at the usual community rate. Taxicabs shall be reimbursed at the community rate, if in an area regulated by a municipality or township. Taxicabs in non-regulated areas shall be reimbursed at a rate as determined by the Department. This rate will be effective July 1, 1992 and will be reviewed on an annual basis each July.

e) The Department shall pay for medically necessary ambulance services provided in accordance with Section 140.490 at base, mileage rate (loaded miles) and a rate for oxygen, as appropriate. Payment shall also be made for Advanced Life Support (ALS) at an all inclusive rate which includes the base rate, supplies, and all other services, excluding mileage. However, for ALS services provided on or after July 1, 1993, separate reimbursement shall be made for oxygen when used and appropriately billed. Loaded miles for ALS trips shall be reimbursed at the per mile rate. Rates shall be reviewed beginning November 1, 1986, and each November thereafter, according to the methodology set forth in subsections (e)(1) through (4) of this Section. Revised rates pursuant to this methodology shall be effective with services provided on or after July 1 of the succeeding year.

1) Payment shall be made at a basic rate which is provider specific. The basic rate shall be the lesser of the provider's usual and customary charge to the general public (as reflected on the provider's claim form), or 80 percent ~~%~~ of the 50th percentile of the Medicare prevailing charge for Basic Life Support for the designated Medicare Locality, except that any basic rate previously approved by the Department which exceeds these parameters shall remain in force. The rate of annual increase shall not exceed five percent ~~5%~~.

2) Payment for loaded miles, i.e., those miles for which the provider is actually transporting an individual, shall be at a rate per mile. If a natural disaster or weather or other conditions necessitate the use of a route other than the most direct route, reimbursement will be based on the actual distance travelled. The rate per mile shall be 50 percent ~~%~~ of the 50th percentile of the Medicare prevailing mileage charge for Medicare Locality 16. The annual rate of increase shall not exceed five percent ~~5%~~.

3) Payment for oxygen shall be made at a flat rate statewide. The rate shall be 50 percent ~~%~~ of the 50th percentile of the Medicare prevailing charge for Medicare Locality 16. The annual rate of increase shall not exceed five percent ~~5%~~.

4) Payment for Advanced Life Support services shall be at the lesser of the provider's usual charge, or a maximum allowable rate statewide. The maximum rate shall be 80 percent ~~%~~ of the difference between the Medicare 50th percentile prevailing charge for Basic Life Support services and Advanced Life Support services for Medicare Locality 16. The annual rate of increase shall not exceed five percent ~~5%~~.

f) Payment for medical transportation services provided by individuals, including those currently receiving public assistance, legally responsible relatives, or household members will be made at a loaded mileage rate.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 140.493 Payment for Helicopter Transportation

Payment for helicopter transportation services shall be made in accordance with the methodologies outlined in this Section. In no case shall rates exceed the Medicare allowable, where applicable, or the rates charged to the general public.

a) The Department shall pay for medically necessary helicopter transportation services provided in accordance with Section 140.491 at an all inclusive rate which includes base rate, mileage, supplies, and all other services.

b) Helicopter transportation providers will be reimbursed a maximum rate per trip or the usual and customary charges, whichever is less, if the service is rendered by providers who own the helicopter and provide their own transport team.

c) If a hospital provides the transport team but does not own the helicopter, the Department will equally divide the established reimbursement rate or the usual and customary charges of the provider, whichever is less, between the hospital and the helicopter provider.

d) Hospitals that own their own helicopter and report its costs on their cost reports will not be paid for helicopter transportation services.

e) Helicopter transportation claims that are denied because the patient does not meet the medically necessary criteria (see Section 140.491), but does meet emergency ground transportation criteria, will be reimbursed by the Department at the appropriate ground rate.

(Source: Added at 20 Ill. Reg. _____, effective _____)

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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Child Health Examination Code

2) Code Citation: 77 Ill. Adm. Code 665

3) Section Numbers: Proposed Action:

665.115	New Section
665.140	Amendment

4) Statutory Authority: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1].

5) A Complete Description of the Subjects and Issues Involved: This rulemaking will implement Public Act 88-149 (Senate Bill 846) by requiring students in areas of the State that have a high incidence of tuberculosis to receive a tuberculosis skin test as part of the required child health examination. These examinations are conducted prior to a student's entrance into school in Illinois for the first time and prior to entrance into kindergarten, fifth grade and ninth grade. The rulemaking specifies that screening is to begin in the 1996-97 school year, defines a high incidence area for tuberculosis and specifies the recommended skin testing methods. Provisions are included for screening of only a portion of a high incidence county under certain circumstances and for a waiver of the screening requirements for students who previously have tested positive or have undergone treatment for tuberculosis. The rulemaking also includes procedures for annual notification from the Department to the State Board of Education of high incidence areas.

6) Will this rulemaking replace any emergency rulemaking currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporations by reference? No

9) Are there any other proposed rulemakings pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking will not create or expand a State mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules in writing within 45 days after this issue of the *Illinois Register* to:

Gail M. DeVito
Division of Governmental Affairs
Illinois Department of Public Health

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535 West Jefferson, Fifth Floor
Springfield, IL 62761
(217) 782-6187

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking will not affect small businesses.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 1995

The full text of the Proposed Amendment begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH

PART 665
CHILD HEALTH EXAMINATION CODE

SUBPART A: GENERAL PROVISIONS

Section
665.100 Statutory Authority
665.110 General Considerations (Repealed)
665.115 Referenced Materials

SUBPART B: HEALTH EXAMINATION

Section
665.120 Health Examination Requirement
665.130 Signature of Physician
665.140 Time Examinations to be Conducted
665.150 Report Forms
665.160 Proof of Examination
665.210 Proof of Immunizations
665.220 Local School Authority
665.230 School Entrance
665.240 Basic Immunization
665.250 Proof of Immunity
665.260 Booster Immunizations
665.270 Compliance with the Law
665.280 Physician Statement of Immunity

SUBPART C: VISION AND HEARING SCREENING

Section
665.310 Vision and Hearing Screening

SUBPART D: DENTAL EXAMINATION

Section
665.410 Dental Examination Recommendation
665.420 Dental Examination
665.430 Dental Examination Record
665.440 Guidelines

SUBPART E: EXCEPTIONS

Section
665.510 Objection of Parent or Legal Guardian

DEPARTMENT OF PUBLIC HEALTH

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665.520 Medical Objection

SUBPART F: VISION EXAMINATION

Section
665.610 Vision Examination Recommendation
665.620 Vision Examination
665.630 Vision Examination Report
665.640 Indigent Students

APPENDIX A Vision Examination Report
APPENDIX B Certificate of Child Health Examination (Repealed)

AUTHORITY: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2].

SOURCE: Emergency rule adopted at 4 Ill. Reg. 38, p. 275, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 Ill. Reg. 41, p. 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 Ill. Reg. 1403, effective January 29, 1981; codified at 8 Ill. Reg. 8921; amended at 11 Ill. Reg. 11791, effective June 29, 1987; amended at 13 Ill. Reg. 11565, effective July 1, 1989; amended at 13 Ill. Reg. 17047, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5617, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14543, effective August 27, 1990; amended at 15 Ill. Reg. 7706, effective May 1, 1991; amended at 18 Ill. Reg. 4296, effective March 5, 1994; amended at 20 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 665.115 Referenced Materials

The following document is referenced in this Part:

"Diagnostic Standards and Classification of Tuberculosis, 1990"; Joint Statement of the American Thoracic Society, Medical Section of the American Lung Association, and the Centers for Disease Control; American Lung Association; (American Review of Respiratory Disease, September 1990, Vol. 142, No. 3, pages 725-735). (See Section 665.140(g)(3)(A).)

(Source: Added at 20 Ill. Reg. _____, effective _____)

SUBPART B: HEALTH EXAMINATION

Section 665.140 Time Examinations to be Conducted

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a) The examination shall be conducted within one year:
   1) Prior to the date of entering school (this includes nursery school, special education, headstart programs operated by elementary school systems or secondary level school units or institutions of higher learning; and students transferring into Illinois from out-of-state or out-of-country);
   2) Prior to the date of entering kindergarten or first grade;
   3) Prior to the date of entering the fifth grade; and
   4) Prior to the date of entering the ninth grade.

b) For students attending school programs where grade levels are not assigned, examinations shall be completed prior to the date of entering and within one year prior to the school year in which the child reaches the ages of 5, 10, and 15.

c) For students from other countries who attend classes, regardless of the duration of stay, examinations shall be completed within one year prior to the date of entering the school and at other intervals as provided in this Section.

d) Additional health examinations and further evaluations of students may be required when deemed necessary by school authorities.

e) It is recommended that health examinations by required for children under 5 years of age at intervals of not less than 2 years, in programs operated by elementary school systems or secondary level school units or institutions of higher learning.

f) Beginning with the 1994-95 school year, lead screening shall be required as a part of the health examination for children age six years or below, prior to admission to a preschool, nursery school, kindergarten or other child care program licensed or approved by the State, including such programs operated by a public school district. Lead screening shall be required for public school students age six (6) years or below subsequent to admission, in conjunction with health examinations required by this Section.

g) Tuberculosis Skin Tests - Beginning with the 1996-97 school year, a tuberculin skin test shall be required as a part of each health examination required in subsections (a)(1), (2), (3) and (4) of this Section for students residing in high incidence areas for tuberculosis as defined by the Department. A high incidence area is a city which reports a tuberculosis incidence rate above 3.5 cases per 100,000 population. Special circumstances, such as an outbreak of tuberculosis within a school, may cause a county with fewer than 10 cases of tuberculosis or a rate below 3.5 cases per 100,000 population to be designated a high incidence area.
   1) Schools in cities meeting the definition of high incidence area may petition the Department to waive the testing requirement of subsection (g) of this Section if the school has skin test results documented that can be used to assess the risk of infection.
   2) Health care providers who perform the tuberculin skin test as part of a child health examination shall provide information on the date the skin test was given, the date the skin test was read, and skin test results in millimeters. This information shall be provided on the Department's Certificate of Child Health Examination form.
   3) Skin Testing Methods:
      A) Mantoux Method - The Mantoux method of skin testing is strongly recommended, especially for persons at increased risk for tuberculosis. The Mantoux method is an intradermal injection of 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) into either the volar or dorsal surface of the forearm. This method is endorsed by the American Thoracic Society, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics.
      B) Multiple-Puncture Method - The multiple-puncture skin test method is not recommended; however, if it is used, positive skin test results shall be verified by a repeat skin test by the Mantoux method.
   4) Positive Skin Test Results and Risk Factors - For persons without a defined risk factor for tuberculosis infection, a reaction of 10 mm is considered positive.
   5) The Department shall inform the State Board of Education by January 15 of each year of the areas designated for the following fiscal year as having a high incidence of tuberculosis.
   6) A student residing in a high incidence area may have the screening requirement waived if the student provides written documentation from a physician or health care provider of a previous positive tuberculosis skin test or a previous treatment for tuberculosis disease or preventive therapy for infection.
   7) Compliance
      A) Students residing in high incidence areas who do not provide documentation of having a tuberculin skin test (Certificate of Child Health Examination form) shall be considered out of compliance with the requirements of Section 665.140(g).
      B) In order to be considered in compliance, a student who has a positive tuberculin skin test should provide written documentation from a physician licensed to practice medicine in all its branches that:
         i) the student is currently being evaluated to rule out active tuberculosis; or
         ii) the student has been evaluated and does not have active tuberculosis.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Pay Plan

2) Code Citation: 80 Ill. Adm. Code 310

3) Section Numbers: Adopted Action:

310.230	Amended
310.290	Amended
310.530	Amended
310.540	Amended
310.Appendix C	Amended
310.Appendix D	Amended
310.Appendix G	Amended

4) Statutory Authority: Authorized by Section 8 and 8a of the Personnel Code and 20 ILCS 415/8 and 8a.

5) Effective Date of Rulemaking: November 28, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: Noverber 28, 1995

9) Notice of Proposal Published in Illinois Register: August 18, 1995, Issue #33, 19 Ill. Reg. 11707

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version:

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? Yes

14) Are there any amendments pending on this Part? Yes

Section Numbers	Adopted Action	Illinois Register Citation
310.30	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.40	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.210	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.280	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.320	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.Appendix A, Table AA	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.Appendix A, Table J	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.Appendix A, Table O	Amended	19 Ill. Reg. 12365 (September 1, 1995)
310.Appendix A, Table P	Amended	19 Ill. Reg. 12365 (September 1, 1995)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Rulemaking: In Section 310.230, Part-time Daily or Hourly Special Services Rate, the daily and hourly rates for the Office Aid, Office Assistant, Office Associate and Office Clerk were upgraded to be parallel with the monthly minimum and maximum salaries of those titles that were already negotiated for July 1, 1995 and July 1, 1996.

In Section 310.290, Out-of-State or Foreign Service Rate, the salary ranges for the out-of-state titles were revised to maintain the same differential above the appropriate in-state salary for that title.

In Sections 310.530 and 310.540, the dates were revised to reflect the new fiscal year.

In Sections 310.Appendixes C and D, the Medical Administrator Rates and the Merit Compensation System Salary Schedule, the salary ranges for those employees subject to the Merit Compensation section of the Pay Plan were increased by 3% at the maximum salaries for Fiscal Year 1996. The "Merit Pay Zone Limit" was adjusted to maintain the same differential above the maximum salary.

In Section 310.Appendix G, Public Service Administrator Salary Schedule, the salary ranges were revised by 3% at the maximum salaries for Fiscal Year 1996.

16) Information and questions regarding these adopted amendments shall be directed to:

Name: Mr. Michael Murphy
Address: Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706
Telephone: (217) 782-5601

The full text of the Adopted Amendment begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND POSITION CLASSIFICATIONS
CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310
PAY PLAN

SUBPART A: NARRATIVE

SUBPART B: SCHEDULE OF RATES

SUBPART C: MERIT COMPENSATION SYSTEM

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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TABLE Y	RC-063 (Educators, AFSCME)
TABLE Z	RC-063 (Physicians, AFSCME)
APPENDIX B	Schedule of Salary Grades - Monthly Rates of Pay for Fiscal Year 1996
APPENDIX C	Medical Administrator Rates for Fiscal Year 1996 ~~1995~~
APPENDIX D	Merit Compensation System Salary Schedule for Fiscal Year 1996 ~~1995~~
APPENDIX E	Teaching Salary Schedule (Repealed)
APPENDIX F	Physician and Physician Specialist Salary Schedule (Repealed)
APPENDIX G	Public Service Administrator Class Series Salary Schedule

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg 15043, effective September 24, 1985, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg. 3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14,

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1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective NOV 2 8 1995.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

SUBPART B: SCHEDULE OF RATES

Section 310.230 Part-Time Daily or Hourly Special Services Rate

The rate of pay as approved by the Director of Central Management Services for persons employed on a consultative or part-time basis requiring irregular hours of work shall be as listed below, except the total compensation of an employee in any given month shall not exceed the monthly rate of Step 5 of the salary grade for the title as shown in the Schedule of Salary Grades (Appendix B) of this Part if the class title is subject to the Schedule of Salary Grades, or Step 5 of the negotiated salary range for classes of positions shown in Section 310.220, Subpart B, Schedule of Rates, or 75% of the maximum rate of those classes of positions subject to the provisions of the Merit Compensation System, Subpart C of this Pay Plan.

Account Technician II	11.00 to 14.08 (hourly) 83 to 106 (daily)
Apiary Inspector	32 to 50
Building/Grounds Laborer	4.25 to 6.00 (per hour)
Building/Grounds Lead I	4.25 to 7.00 (per hour)
Building/Grounds Lead II	5.25 to 8.00 (per hour)
Building/Grounds Maintenance Worker	5.00 to 6.00 (per hour)
Chaplain I	32 to 70
Chemist I	32 to 45
Conservation/Historic Preservation Worker	4.50 to 6.50 (hourly)
Conservation/Historic Preservation Worker (2nd season -- site interpretation)	4.64 to 6.50 (hourly)
Conservation/Historic Preservation Worker (3rd season -- site interpretation)	4.78 to 6.50 (hourly)
Dentist I	70 to 150
Dentist II	100 to 185
Educator	32 to 60
Educator Aide	32 to 35
Guard II	67 to 84
Guard III	75 to 96
Hearing and Speech Coordinator	15 to 30 (per hour)
Hearings Referee	75 to 200
Janitor I	4.73 to 5.30 (per hour)
Labor Maintenance Lead Worker	5.00 to 6.00 (per hour)
Labor Relations Investigator	35 to 70
Laborer (Maintenance)	4.25 to 5.70 (per hour)
Maintenance Worker	4.25 to 5.00 (per hour)
Occupational Therapist Program Coordinator	40 to 160 (daily)
Office Aid	~~8.12 to 10.10 (hourly)~~

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		~~60 to 76 (daily)~~
	Eff. FY '96:	8.12 to 10.40 (hourly)
		60 to 78 (daily)
	Eff. FY '97:	8.12 to 10.71 (hourly)
		60 to 80 (daily)
Office Assistant		~~9.16 to 11.65 (hourly)~~
		~~68 to 88 (daily)~~
	Eff. FY '96:	9.16 to 12.00 (hourly)
		68 to 90 (daily)
	Eff. FY '97:	9.16 to 12.36 (hourly)
		68 to 93 daily
Office Associate		~~9.80 to 12.67 (hourly)~~
		~~73 to 95 (daily)~~
	Eff. FY '96:	9.80 to 13.05 (hourly)
		73 to 98 (daily)
	Eff. FY '97:	9.80 to 13.44 (hourly)
		73 to 101 (daily)
Office Clerk		~~8.58 to 10.83 (hourly)~~
		~~64 to 82 (daily)~~
	Eff. FY '96:	8.58 to 11.15 (hourly)
		64 to 84 (daily)
	Eff. FY '97:	8.58 to 11.49 (hourly)
		64 to 86 (daily)
Optometrist		50 to 160 (daily)
Optometrist		15 to 35 (hourly)
Physician		100 to 300
Physician Specialist (A)		100 to 325 (daily)
Physician Specialist (A)		20 to 60 (hourly)
Physician Specialist (B)		100 to 350 (daily)
Physician Specialist (B)		20 to 70 (hourly)
Physician Specialist (C)		100 to 360 (daily)
Physician Specialist (C)		20 to 75 (hourly)
Physician Specialist (D)		100 to 370 (daily)
Physician Specialist (D)		20 to 85 (hourly)
Podiatrist		50 to 125
Psychologist I		35 to 80
Psychologist II		40 to 125
Psychologist III		40 to 150
Recreation Worker I		32 to 40
Recreation Worker I		5.33 (per hour)
Registered Nurse I		39 to 54
Registered Nurse I (2nd or 3rd shift)		41 to 56
Registered Nurse I (Cook County)		43 to 58
Registered Nurse I (Cook County - 2nd or 3rd shift)		44 to 59
Registered Nurse II		43 to 58
Registered Nurse II		44 to 59

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(2nd or 3rd shift)	
Registered Nurse II (Cook County)	45 to 60
Registered Nurse II (Cook County - 2nd or 3rd shift)	47 to 62
Social Worker II	35 to 75
Social Worker III	35 to 80
Student Worker	4.25 to 8.00 (per hour)
Tax Examiner	9.69 to 12.21 (hourly)
	73 to 92 (daily)
Technical Advisor II	32 to 35 (per hour)
Technical Advisor III	32 to 60 (per hour)
Technical Advisor IV	50 to 80 (per hour)
Veterinarian II	95 to 130 (daily)

(Source: Amended at 19 Ill. Reg. 16160, effective NOV 28 1995)

Section 310.290 Out-of-State or Foreign Service Rate

The rate of pay for employees occupying positions which require payment in accordance with the economic conditions and social legislation of another state or foreign country. An adjustment may be made to the salary of an employee stationed in a foreign country to compensate for a change in the currency exchange rate. The Director of the Department of Central Management Services will, before approving an adjustment, consider the need of the employing agency, the treatment of other similar situations, prevailing practices of other employers, and the equity of the particular circumstances.

Title	Range Effective Fiscal Year 1996~~1995~~
Foreign Service Economic Development Executive I	3161-5645~~5481~~
Foreign Service Economic Development Executive II	4048-7397~~7182~~
Foreign Service Economic Development Representative	2686-4839~~4562~~
Office Administrator IV	
(States Other Than California and New Jersey)	2111-3545~~3442~~
(CA, NJ)	2387-4007~~3891~~
Office Assistant (Foreign Service)	1719-2252~~2186~~
Office Associate	
(States Other Than California and New Jersey)	1839-2447~~2376~~

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(CA, NJ)	2079-27662686
Public Service Administrator	
(States Other Than California and New Jersey)	2831-60095834
(CA, NJ)	3201-67936595
Office Coordinator	
(States Other Than California and New Jersey)	1909-25532470
(CA, NJ)	2158-28862802
~~Revenue Audit Supervisor~~	
~~(States Other Than California and New Jersey)~~	~~3330-5834~~
~~(CA, NJ)~~	~~3774-6595~~
Revenue Auditor I	
(States Other Than California and New Jersey)	2601-36093504
(CA, NJ)	2941-40793961
Revenue Auditor II	
(States Other Than California and New Jersey)	3033-42644140
(CA, NJ)	3428-48204680
Revenue Auditor III	
(States Other Than California and New Jersey)	3685-47895037
(CA, NJ)	4709-54136438
Revenue Auditor Trainee	
(States Other Than California and New Jersey)	2168-29432857
(CA, NJ)	2451-33273229
Senior Public Service Administrator	
(States Other Than California and New Jersey)	3901-89010642
(CA, NJ)	4410-100629770
Tax Examiner	
(States Other Than California and New Jersey)	1909-25532470
(CA, NJ)	2158-28862802
Tax Examiner Trainee	
(States Other Than California and New Jersey)	1719-22522186

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(CA, NJ)	1944-25452471
	Effective Fiscal Year 1997
Foreign Service Economic Development Executive I	3161-5645
Foreign Service Economic Development Executive II	4048-7397
Foreign Service Economic Development Representative	2686-4839
Office Administrator IV	
(States Other Than California and New Jersey)	2111-3545
(CA, NJ)	2387-4007
Office Assistant (Foreign Service)	1719-2320
Office Associate	
(States Other Than California and New Jersey)	1839-2521
(CA, NJ)	2079-2850
Public Service Administrator	
(States Other Than California and New Jersey)	2916-6009
(CA, NJ)	3297-6793
Office Coordinator	
(States Other Than California and New Jersey)	1909-2630
(CA, NJ)	2158-2973
Revenue Auditor I	
(States Other Than California and New Jersey)	2601-3717
(CA, NJ)	2941-4202
Revenue Auditor II	
(States Other Than California and New Jersey)	3033-4392
(CA, NJ)	3428-4965
Revenue Auditor III	
(States Other Than California and New Jersey)	3685-4932
(CA, NJ)	3709-5576
Revenue Auditor Trainee	
(States Other Than California and New Jersey)	2168-3031
(CA, NJ)	2451-3427
Senior Public Service Administrator	
(States Other Than California and New Jersey)	4018-8901
(CA, NJ)	4542-10062

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Tax Examiner	
(States Other Than California and New Jersey)	1909-2630
(CA, NJ)	2158-2973
Tax Examiner Trainee	
(States Other Than California and New Jersey)	1719-2320
(CA, NJ)	1944-2622

(Source: Amended at 19 Ill. Reg. 16160, effective NOV 28 1995)

SUBPART C: MERIT COMPENSATION SYSTEM

Section 310.530 Implementation

a) The salary schedule for the Merit Compensation System for Fiscal Year 1996 ~~1995~~ is as set forth in Appendix D of the Pay Plan.

b) The Merit Increase Guidechart for Fiscal Year 1996 ~~1995~~ is as set forth in Section 310.540 of the Pay Plan.

c) Any employee with a performance review date of July 1 or August 1~~, August 1, or September 1~~ will have his or her salary increase determined by the use of the Merit Compensation Guidechart for Fiscal Year 1995. The increase will be dated August 16, 1995~~September 16, 1994~~, and a lump sum will be provided as if this resultant salary were effective on the original performance review date. The creditable service date will be adjusted to return to the regular anniversary month.

(Source: Amended at 19 Ill. Reg. 16160, effective NOV 28 1995)

Section 310.540 Annual Merit Increase Guidechart for Fiscal Year 1996 ~~1995~~

Category	Definition	Increase
Category 1	Superior	$125 + 2% to 4%
Category 2	Exceeds Expectations	$125 + 0% to 2%
Category 3	Meets Expectations	$125
Category 4	Needs Improvement	0%
Category 5	Unacceptable	0%

(Source: Amended at 19 Ill. Reg. 16160, effective NOV 28 1995)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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Section 310.APPENDIX C Medical Administrator Rates for Fiscal Year 1996 ~~1995~~

Title	Minimum Salary	Midpoint Salary	Maximum Salary
Medical Administrator I, Option C	6,646	8,084	9,522
Medical Administrator I, Option D	7,421	8,901	10,381
Medical Administrator II, Option C	7,181	8,647	10,113
Medical Administrator II, Option D	8,247	9,777	11,307
Medical Administrator III	8,539	10,215	11,891
Medical Administrator IV	8,678	10,354	12,030
Medical Administrator V	8,817	10,496	12,175
~~Medical Administrator I, Option C~~	~~6,646~~ ~~79,752~~	~~7,945~~ ~~95,340~~	~~9,244~~ ~~110,928~~
~~Medical Administrator I, Option B~~	~~7,421~~ ~~89,052~~	~~8,750~~ ~~105,000~~	~~10,079~~ ~~120,948~~
~~Medical Administrator II, Option C~~	~~7,181~~ ~~86,172~~	~~8,499~~ ~~101,988~~	~~9,817~~ ~~117,804~~
~~Medical Administrator II, Option B~~	~~8,247~~ ~~98,964~~	~~9,612~~ ~~115,344~~	~~10,977~~ ~~131,724~~
~~Medical Administrator III~~	~~8,539~~ ~~102,468~~	~~10,042~~ ~~120,504~~	~~11,545~~ ~~138,540~~
~~Medical Administrator IV~~	~~8,678~~ ~~104,136~~	~~10,179~~ ~~122,148~~	~~11,680~~ ~~140,160~~
~~Medical Administrator V~~	~~8,817~~ ~~105,804~~	~~10,318~~ ~~123,816~~	~~11,819~~ ~~141,828~~

The rates of pay for physicians occupying or appointed to a position in the Medical Administrator classes shall be as listed in the above schedule. All provisions of Subpart C of the Pay Plan, Merit Compensation System will apply to the Medical Administrator positions.

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NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 19 Ill. Reg. 16160, effective NOV 28 1995)

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NOTICE OF ADOPTED AMENDMENTS

Section 310.APPENDIX D Merit Compensation System Salary Schedule for Fiscal Year 1996~~1995~~

Salary Range	Minimum Salary	Midpoint Salary	Maximum Salary	Merit Pay Zone Limit
MC 01	1,760	2,271	2,782	2,921
MC 02	1,836	2,386	2,936	3,083
MC 03	1,924	2,524	3,124	3,280
MC 04	2,012	2,642	3,272	3,436
MC 05	2,112	2,794	3,476	3,650
MC 06	2,218	2,936	3,654	3,837
MC 07	2,336	3,114	3,892	4,087
MC 08	2,462	3,303	4,144	4,351
MC 09	2,602	3,486	4,370	4,589
MC 10	2,749	3,712	4,675	4,909
MC 11	2,903	3,940	4,977	5,226
MC 12	3,083	4,204	5,325	5,591
MC 13	3,291	4,493	5,695	5,980
MC 14	3,520	4,823	6,126	6,432
MC 15	3,779	5,172	6,565	6,893
MC 16	4,045	5,556	7,067	7,420
MC 17	4,365	5,997	7,629	8,010
MC 18	4,705	6,264	7,823	8,214
MC 19	5,082	6,543	8,004	8,404
~~ME-1~~	~~17,760~~	~~27,230~~	~~27,700~~	~~27,835~~
	~~21,120~~	~~26,760~~	~~32,400~~	~~34,020~~
~~ME-2~~	~~17,836~~	~~27,343~~	~~27,850~~	~~27,993~~
	~~22,032~~	~~28,116~~	~~34,200~~	~~35,916~~
~~ME-3~~	~~17,924~~	~~27,478~~	~~37,032~~	~~37,184~~
	~~23,088~~	~~29,736~~	~~36,384~~	~~38,208~~
~~ME-4~~	~~27,012~~	~~27,594~~	~~37,176~~	~~37,335~~
	~~24,144~~	~~31,128~~	~~38,112~~	~~40,020~~
~~ME-5~~	~~27,112~~	~~27,743~~	~~37,374~~	~~37,543~~
	~~25,344~~	~~32,916~~	~~40,488~~	~~42,516~~
~~ME-6~~	~~27,210~~	~~27,883~~	~~37,548~~	~~37,725~~
	~~26,616~~	~~34,596~~	~~42,576~~	~~44,700~~
~~ME-7~~	~~27,336~~	~~37,057~~	~~37,778~~	~~37,967~~
	~~28,032~~	~~36,684~~	~~45,336~~	~~47,604~~
~~ME-8~~	~~27,462~~	~~37,242~~	~~47,022~~	~~47,223~~
	~~29,544~~	~~38,904~~	~~48,264~~	~~50,676~~
~~ME-9~~	~~27,602~~	~~37,422~~	~~47,242~~	~~47,454~~
	~~31,224~~	~~41,064~~	~~50,904~~	~~53,448~~
~~ME-10~~	~~27,749~~	~~37,644~~	~~47,539~~	~~47,766~~
	~~32,988~~	~~43,728~~	~~54,468~~	~~57,192~~
~~ME-11~~	~~27,903~~	~~37,867~~	~~47,831~~	~~57,073~~
	~~34,836~~	~~46,404~~	~~57,972~~	~~60,876~~
~~ME-12~~	~~37,083~~	~~47,126~~	~~57,169~~	~~57,427~~

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	~~36,996~~	~~49,512~~	~~62,028~~	~~65,124~~
ME-13	~~3,291~~	~~4,410~~	~~5,529~~	~~5,805~~
	~~39,492~~	~~52,920~~	~~66,348~~	~~69,660~~
ME-14	~~3,520~~	~~4,734~~	~~5,948~~	~~6,245~~
	~~42,240~~	~~56,808~~	~~71,376~~	~~74,940~~
ME-15	~~3,779~~	~~5,076~~	~~6,373~~	~~6,692~~
	~~45,348~~	~~60,912~~	~~76,476~~	~~80,304~~
ME-16	~~4,045~~	~~5,453~~	~~6,861~~	~~7,204~~
	~~48,540~~	~~65,436~~	~~82,332~~	~~86,448~~
ME-17	~~4,365~~	~~5,886~~	~~7,407~~	~~7,777~~
	~~52,380~~	~~70,632~~	~~88,884~~	~~93,324~~
ME-18	~~4,705~~	~~6,150~~	~~7,595~~	~~7,975~~
	~~56,460~~	~~73,800~~	~~91,140~~	~~95,700~~
ME-19	~~5,082~~	~~6,426~~	~~7,770~~	~~8,159~~
	~~60,984~~	~~77,112~~	~~93,240~~	~~97,908~~

(Source: Amended at 19 Ill. Reg. 16160, effective NOV 28 1995)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF ADOPTED AMENDMENTS

Section 310.APPENDIX G Public Service Administrator Class Series Salary Schedule

Title	Minimum Salary	Maximum Salary
Public Service Administrator	2,462	5,225
Senior Public Service Administrator, Level I	3,392	5,919
Senior Public Service Administrator, Level II	4,167	7,740
~~Public Service Administrator~~	~~29,544~~	~~60,876~~
~~Senior Public Service Administrator, Level I~~	~~40,706~~	~~68,959~~
~~Senior Public Service Administrator, Level II~~	~~50,000~~	~~90,177~~

(Source: Amended at 19 Ill. Reg. 16160, effective NOV 28 1995)

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Medicaid Community Mental Health Services Program

2) Code Citation: 59 Ill. Adm. Code 132

3) Section Numbers: Adopted Action:

132.10	Amended
132.20	Amended
132.25	Amended
132.30	Amended
132.35	Amended
132.40	Amended
132.50	Amended
132.60	Amended
132.65	Amended
132.70	Amended
132.80	Amended
132.85	Amended
132.95	Amended
132.100	Amended
132.105	Amended
132.110	Repealed
132.115	Amended
132.120	Amended
132.125	Amended
132.130	Amended
132.135	Amended
132.140	Amended
132.145	Amended
132.150	Amended
132.155	Amended
132.160	Amended
132.165	Amended
132.170	Amended
132.Appendix A	Amended
132.Appendix B	Amended
132.Table A	Amended
132.Table B	Amended
132.Table C	Amended

4) Statutory Authority: Implementing and authorized by the Community Services Act [405 ILCS 30] and Section 15.3 of the Department of Mental Health and Developmental Disabilities Act [20 ILCS 1705/15.3].

5) Effective Date of Amendments: November 28, 1995

6) Does this rulemaking contain an automatic repeal date? No, this rulemaking does not contain an automatic repeal date.

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

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7) Does this amendment contain incorporations by reference? This rulemaking incorporates by reference State and federal statutes and regulations. It also incorporates by reference the standards of nationally recognized associations.

8) Date Filed in Agency's Principal Office: November 27, 1995

9) Notice(s) of Proposal Published in Illinois Register: July 7, 1995 (19 Ill. Reg. 8920). Identical emergency amendments were published on July 7, 1995 at 19 Ill. Reg. 9200.

10) Has JCAR issued a Statement of Objections to this amendment? No. JCAR has not issued an objection to these amendments.

11) Difference(s) between proposal and final version: **The Department made the following changes in response to recommendations from the Administrative Code Division:** The Administrative Code Division did not recommend any changes.

The Department made the following changes in response to recommendations from the Joint Committee on Administrative Rules: All technical changes recommended by the Joint Committee during the first and second notice periods have been made.

The Department made the following changes in response to public comments:

Section 132.100(a) - The word "sex" and the comma following the word "include" were deleted.

Section 132.150(c)(4) - The phrase "or oral" was added before the word "consent".

Section 132.150(j)(3) - The phrase "by an individual possessing a bachelor's degree with no less than two years of human services experience or" following the word "assumed" was deleted.

Section 132.150(l)(3) - The phrase following the word "Section" was rewritten to read "and in accordance with the ITP".

Section 132.150(n)(2)(B) - The proposed language was deleted and replaced by:

B) The Department may authorize ACT services for other specific target populations (e.g., persons who are homeless, who have a severe and persistent mental illness) or individuals based on the need for assertive community treatment level services.

Section 132.150(n)(7)(B) - The proposed language was deleted and replaced

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by:

B) Services may be provided following a determination of eligibility for ACT services and may commence prior to the completion of a comprehensive assessment and the development of the individual treatment plan when immediate assistance is needed to obtain food, shelter and clothing.

Section 132.150(n)(7)(C) - The proposed language was deleted and replaced by:

C) Services shall be provided under the direction of a LPHA which is demonstrated by the LPHA's signature on the individual treatment plan.

Section 132.150(n)(7)(D) - The proposed language was deleted and replaced by:

D) The individual treatment plan shall be developed within 45 days after completing the assessment.

Section 132.150(n)(7)(E) and (F) - The proposed language was deleted and replaced by:

E) Case management, client-centered consultation or rehabilitative stabilization services may not be filled in combination with ACT services.

Section 132.150(n)(7)(G) - The proposed language was deleted.

Section 132.150(n)(7)(H) - Relabeled "F".

Section 132.155(d) - The word "five" was replaced by the number "45".

Section 132.165(a) - The phrase "or who has refused services as prescribed" was added after the word "services"; the proposed phrase "in need of or" was deleted.

Section 132.165(d)(1) - The phrase "or has refused" was added after the word "receiving" and the proposed phrase "in need of or" was deleted.

Section 132.Appendix B, Table A - The double asterisk following the phrase "Psychological assessment" in line 3 of the first column was stricken.

Section 132.Appendix B, Table A - The word "administration" was added and the word "prescription" in line 9 of the first column was stricken.

Section 132.Appendix B, Table A - The number "7.5" was added and the number "6" in line 17 of the third column was stricken.

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Section 132.Appendix B, Table A - The asterisk and the phrase following the asterisk were stricken.

Section 132.Appendix B, Table B - The phrase "45 min." in lines 1 through 6 of the third column was stricken.

The Department made the following technical changes:

Amended Section 132.160 was added to the list of Sections in question 3 of the notice pages.

Section 132.10(d) - "Fourth edition" was added after "Revision". The date "1979" was stricken and "October 1991" was added.

Section 132.30(f)(1)(N), (O) and (R) - The Section references were corrected to read:

N) Section 132.150(a), (b), (c)(1), (c)(2), (c)(3), (c)(5) through (c)(9), (d)(2), (d)(4) through (d)(9), (e)(1) through (e)(5), (f)(1), (f)(2), (f)(4), (f)(6), (f)(8), (g), (h), (i), (j), (k), (l), (m) and (n);

O) Section 132.155(a), (b), (d)(2) through (d)(8), (e)(3), (e)(4), (e)(5), (e)(7), (e)(8), (f), (g)(1), (g)(2), (g)(4), (h), (i)(1), (i)(3), (j)(1), (j)(3), (k)(1), (k)(4), (l)(1) and (l)(4);

R) Section 132.170(a), (b), (d)(1), (d)(3), (e)(1) and (e)(3).

Section 132.30(f)(1)(R) - "Section" was substituted for "Sections".

Section 132.30(g)(4) (xiv), (xv) and (xviii) - The Section references were corrected to read:

xiv) Section 132.150(a), (b), (c)(1), (c)(2), (c)(3), (c)(5) through (c)(9), (d)(2), (d)(4) through (d)(9), (e)(1) through (e)(5), (f)(1), (f)(2), (f)(4), (f)(6), (f)(8), (g), (h), (i), (j), (k), (l), (m) and (n);

xv) Section 132.155(a), (b), (d)(2) through (d)(8), (e)(3), (e)(4), (e)(5), (e)(7), (e)(8), (f), (g)(1), (g)(2), (g)(4), (h), (i)(1), (i)(3), (j)(1), (j)(3), (k)(1), (k)(4), (l)(1) and (l)(4);

xviii) Section 132.170(a), (b), (d)(1), (d)(3), (e)(1) and (e)(3).

Section 132.155(k)(3) and (l)(3) - The reference to "subsections (a) through (i)" was corrected to read "subsections (a) through (j)".

12) Have all the changes agreed upon by the agency and JCAR been made as

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indicated in the agreement letter issued by JCAR? Yes, all changes have been made.

13) Will these amendments replace an emergency rule? These amendments replace emergency amendments adopted effective July 1, 1995 at 19 Ill. Reg. 9200.

14) Are there any amendments pending on this Part? No other amendments are pending on this Part.

15) Summary and Purpose of Amendment: These amendments allow the Department of Mental Health and Developmental Disabilities (the Department), the Department of Children and Family Services and the Department of Corrections to expand the types and availability of medically necessary mental health services and increase the number of providers participating in a voluntary program. Specifically, these amendments:

Add the Department of Corrections as a contract agency to administer mental health services;

Add four new services which will be included under the mental health services Section (services administered by the Department and the Department of Children and Family Services);

Add two new services which will be included under the family intervention, stabilization and reunification services section (services administered by the Departments of Children and Family Services and Corrections;

Add four new direct service classifications to the pool of qualified direct service providers; and

Expand eligibility for services to children and adolescents with V code diagnosis.

16) Information and questions regarding this adopted amendment shall be directed to:

Judith Hollenberg
Rules Administrator
401 Stratton Building
Springfield, IL 62765
Telephone: (217)785-3313
FAX: (217)524-8920

The full text of the Adopted Amendments begins on the next page:

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TITLE 59: MENTAL HEALTH
CHAPTER I: DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES

PART 132
MEDICAID COMMUNITY MENTAL
HEALTH SERVICES PROGRAM

SUBPART A: GENERAL PROVISIONS

SUBPART B: PROVIDER ADMINISTRATIVE REQUIREMENTS

SUBPART C: UTILIZATION REVIEW AND CONTINUITY OF SERVICES

SUBPART D: CLINIC SERVICES

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AUTHORITY: Implementing and authorized by the Community Services Act [405 ILCS 30] and Section 15.3 of the Department of Mental Health and Developmental Disabilities Act [20 ILCS 1705/15.3].

SOURCE: Emergency rules adopted at 16 Ill. Reg. 211, effective December 31, 1991, for a maximum of 150 days; new rules adopted at 16 Ill. Reg. 9006, effective May 29, 1992; amended at 18 Ill. Reg. 15593, effective October 5, 1994; emergency amendment at 19 Ill. Reg. 9200, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. ~~16178~~ 16178, effective NOV 28 1995.

SUBPART A: GENERAL PROVISIONS

Section 132.10 Purpose

a) The requirements set forth in this Part establish criteria for participation by providers who voluntarily elect to participate in the Medicaid community mental health program. The Medicaid community mental health program shall include the provision of specific mental health services pursuant to Subparts D, E and F of this Part supported financially in whole or in part by the Department of Mental Health and Developmental Disabilities, the Department of Children and Family Services (DCFS), the Department of Corrections (DOC) and by Medicaid

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(42 U.S.C.A. 1396 (1995) ~~et--seq.,--1991~~) for grants to states for medical assistance eligible clients, under the Illinois medical assistance program (89 Ill. Adm. Code 140) (Medical Payment) administered by the Department of Public Aid.

b) These requirements are for the purpose of assuring that clients receiving Medicaid community mental health services shall receive quality services in accordance with this Part and in accordance with 42 CFR 440 and 456 (1994)~~,--1989~~ for Medicaid-eligible clients.

c) The Department and DCFS shall use these requirements to certify, recertify, and periodically review providers participating in the Medicaid community mental health program including the certification and recertification of the provider's eligibility for approval and enrollment in the Illinois medical assistance program by the Department of Public Aid (89 Ill. Adm. Code 140) (Medical Payment).

d) The Medicaid community mental health program shall include assessment, treatment, and rehabilitative services for clients who require mental health services as indicated by a diagnosis contained in the International Classification of Diseases, Clinical Modification, Ninth Revision, Fourth Edition (ICD-9-CM) (Commission on Professional and Hospital Activities, Edwards Brothers, Ann Arbor, Michigan 48106~~,~~ (October 1991 ~~1979~~)). This shall include services designed to benefit clients:

1) With current symptoms of mental illness who require an assessment to determine the need for mental health treatment and/or rehabilitation; or
2) Who are assessed to require medically necessary mental health treatment and/or rehabilitative services, to promote growth and/or maintenance of age appropriate or independent role functioning; or
3) Who are experiencing a substantial change/deterioration in age appropriate or independent role functioning, a high level of personal distress, and who require crisis intervention services to achieve stabilization; or
4) Who, because of substantial impairment in role functioning, require multiple coordinated rehabilitative services delivered in a variety of settings, on an emergency or non-emergency basis.

e) A provider certified under 59 Ill. Adm. Code 130 prior to January 1, 1992, is deemed to be certified under this Part. Certification for those services beyond those enrolled under 59 Ill. Adm. Code 130 requires a written request to the Department from the provider with detailed program description(s), including staff qualifications, for each new additional service to be provided.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.20 Clients' rights and confidentiality

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To assure that clients' rights are protected and that all services provided to clients comply with the law, providers shall ensure that:

a) The clients' rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code ~~(Ill. Rev. Stat. 1991, ch. 91 1/2, par. 2-100 et seq.)~~ [405 ILCS 5].

b) The right of clients to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act ~~(Ill. Rev. Stat. 1991, ch. 91 1/2, par. 801 et seq.)~~ [740 ILCS 110].

c) Staff shall inform clients receiving services of the following:

1) Their rights in accordance with subsections (a) and (b) of this Section ~~above and~~;

2) Their right to contact the Guardianship and Advocacy Commission, and Equip for Equality, Inc. ~~Protection and Advocacy, Inc., and the Department or DCFS, as appropriate.~~ Staff shall offer assistance to clients in contacting these groups giving each client the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc. ~~Protection and Advocacy, Inc.~~; and

3) Their right to contact the Department, DCFS or DOC as appropriate.

d) The information in subsection (c) of this Section ~~above~~ shall be explained using language or a method of communication that the clients understand and documentation of such explanation shall be placed in their clinical records.

e) Justification for restriction of client rights under the statutes cited in subsections (a) and (b) of this Section shall be documented in the client's clinical record. In addition, the client affected by such restriction, his or her parent or guardian and any agency designated by the client pursuant to subsection (c)(2) of this Section ~~above~~ shall be notified of the restriction.

f) Every client shall be free from abuse and neglect.

g) Clients or guardians shall be permitted to present grievances and to appeal adverse decisions of the provider up to and including the executive director. A record of such grievances or adverse decision appeal and the response thereto shall be maintained by the provider. The executive director's decision on the grievance shall constitute a final administrative decision (except when such decisions are reviewable by the provider's governing board, in which case the governing board's decision is final) and shall be subject to review in accordance with the Administrative Review Law [735 ILCS 5/Art. III] ~~(Ill. Rev. Stat. 1991, ch. 110, par. 3-101 et seq.)~~.

h) Clients shall not be denied, suspended or terminated from services or have services reduced for exercising any of their rights.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.25 Definitions

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For the purposes of this Part, the following terms are defined:

"Adaptive functioning, stabilization and developmental interventions." Interventions with an individual or a group of individuals directed toward independent or age-appropriate functioning and emotional stability.

"Adult." An individual who is 18 years of age or older or a person who is emancipated pursuant to the Emancipation of Mature Minors Act [750 ILCS 30] ~~(Ill. Rev. Stat. 1991, ch. 40, par. 2201, et seq.)~~.

"CGAS." The Children's Global Assessment Scale as published in the Archives of General Psychiatry, Volume 40, November 1983, pp. 1228-1231.

"Certification." Initial determination and redetermination of the eligibility of a provider to participate in the Medicaid community mental health program and to provide mental health services. Certification is issued by the Department or DCFS upon a determination of compliance with this Part. Certification must be issued by the Department or DCFS prior to enrollment with the Department of Public Aid as a Medicaid provider in order to provide Medicaid reimbursable mental health services. Enrollment as a Medicaid provider is issued by the Department of Public Aid on receipt of a letter of certification by the Department or DCFS and on determination of compliance with 89 Ill. Adm. Code 140.11 by the Department or Public Aid.

"Child or adolescent." For the Department and DOC, an individual who is 17 years of age or younger. For DCFS, an individual who is 17 years of age or younger, except for an individual 18 years of age, but less than 21 years old, who was receiving child welfare services from DCFS prior to his or her 18th birthday and continues to receive such services following his or her 18th birthday.

"Client." An individual who is Medicaid-eligible and is receiving Medicaid community mental health program services financially supported in whole or in part by the Department (Section 1-123 of the Code) ~~(Ill. Rev. Stat. 1991, ch. 91 1/2, par. 1-123)~~, ~~or~~ DCFS, or DOC.

"Client-centered consultation." Individual client-focused professional communication between ~~the~~ provider ~~and~~ staff, or staff of other agencies, or with others (including family members) who are involved with providing services to a client with a mental illness, for the purpose of implementing or evaluating the treatment plan.

"Code." The Mental Health and Developmental Disabilities Code [405 ILCS 5] ~~(Ill. Rev. Stat. 1991, ch. 91 1/2, par. 1-100, et seq.)~~.

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~~"Community-based---rehabilitation."-----An----inclusive----array----of rehabilitative--mental--health-services-for-adults-with-serious-mental illness-and-impaired-role-functioning-which-focuses-on-maintenance--of community--stability,--client--choice--in--the--array--of-services-and promotion-of-increased-independence.--These-services-are-restricted-to services-licensed-under-59-Ill.-Adm.-Code-115-(Standards-and-Licensure Requirements-for-Community-Integrated-Living-Arrangements).~~

"Comprehensive mental health services." An array of services as described in Subparts E and F of this Part which has been approved by the Department, DCFS or DOC. One or more of these services is provided on a daily basis to a child who has a diagnosis of mental illness, as the term is defined in this Section, in order to restore or maintain the child's emotional or behavioral functioning at a level determined to be necessary for the child's successful functioning in a family, school and/or community. Comprehensive mental health services may only be provided to a child who lives in a specialized substitute care living arrangement. For the Department, the services are restricted to a child who resides in a specialized substitute care living arrangement, as defined in this Section, which is under contract with the Department pursuant to the Department's rules at 59 Ill. Adm. Code 135 (Individual Care Grants for Mentally Ill Children).

"Comprehensive rehabilitative services." An array of services as described in Subparts E and F of this Part which has been approved by DCFS or DOC. One or more of these services is provided on a daily basis to a child for whom DCFS is legally responsible or a DOC youth as defined in this Section and who has either a substantial impairment in role functioning, as indicated by an ICD-9-CM diagnosis or a diagnosis of mental illness, as both terms are defined in this Section, in order to restore or maintain the child's emotional or behavioral functioning at a level determined to be necessary for the child's successful functioning in a family, school and/or community. Comprehensive rehabilitative services may only be provided to a child who lives in a specialized substitute care living arrangement.

"Confidentiality Act." The Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110] ~~(Ill.-Rev.-Stat.-1991, ch.-91-1/2,-par.-801-et-seq.)~~.

"Crisis intervention." Activities or services to persons who are experiencing a psychiatric crisis which are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, and which has the goal of symptom reduction, stabilization and restoration to a previous level of functioning.

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"Day." A calendar day unless otherwise indicated.

"Day rehabilitation program." Three levels of rehabilitative mental health services provided to persons with mental illness within a format of structured daily activities which are designed to promote improvement in psychological, interpersonal, and age-appropriate or independent role functioning and which shall include intensive stabilization, extended treatment and rehabilitation and psychosocial rehabilitation.

"DCFS." The Illinois Department of Children and Family Services.

"Department." The Illinois Department of Mental Health and Developmental Disabilities.

"Developmental rehabilitative services." Specialized interventions in accordance with Sections 132.150 and ~~Section~~ 132.155 using drama, art, music or recreation which are intended to result in the restoration to a maximum level of functioning for clients served by the Department or served by DCFS or for DOC youths pursuant to the Abused and Neglected Child Reporting Act [325 ILCS 5] ~~(Ill.-Rev.-Stat.-1991, ch.-23,-par.-2051-et-seq.)~~, the Children and Family Services Act [20 ILCS 505] ~~(Ill.-Rev.-Stat.-1991, ch.-23,-par.-5005-et-seq.)~~ or the Juvenile Court Act of 1987 [705 ILCS 405] ~~(Ill.-Rev.-Stat.-1991, ch.-37,-par.-801-1-et-seq.)~~ for whom a recommendation for such services has been made by a physician or licensed practitioner of the healing arts.

"Director." The Director of the Department.

"DOC." The Illinois Department of Corrections.

"DOC youth." A youth placed in the legal custody of the Department of Corrections by a court on the basis of delinquency or conviction and who is granted an authorized absence or placed in a post-release setting, including but not limited to parole, mandatory supervised release, or electronic detention.

~~"DSM-III-R."---The--Diagnostic--and--Statistical--Manual---of---Mental Disorders,--Third--Edition--revised-(American-Psychiatric-Association, 1987-edition).~~

"DSM-IV." The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (American Psychiatric Association, 1994 edition).

"Enrollment." The official enrollment of a certified provider in the medical assistance program by the Department of Public Aid on determination of compliance with 89 Ill. Adm. Code 140.11.

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"Extended treatment and rehabilitation." Rehabilitative mental health services provided to persons with mental illness within a format of structured daily programming designed to promote growth in or maintenance of age appropriate and independent role functioning.

"Family." A basic unit or constellation of one or more adults and/or children foster or adoptive parents and children~~,~~ and private individual guardian(s).

"Family counseling." A treatment approach in which one or more mental health staff meets with the client with a mental illness and his or her available family members or with his or her family members on the client's behalf in ongoing periodic formal sessions to deal with daily living issues associated with the client's emotional, cognitive or behavioral problems~~,~~ which are significantly impacted on by current family interactions. This counseling approach uses a variety of supportive and re-educative techniques.

"Family therapy." A treatment approach in which one or more professionals deliberately establish a relationship with a client with a mental illness and his or her immediate family or with his or her family on the client's behalf in ongoing periodic formal sessions~~,~~ when the client's problems are perceived to be substantially due to impaired relations within the family. The goal is to modify family relationships~~,~~ which will result in amelioration or reduction of the client's symptoms of emotional, cognitive or behavioral disorder.

"GAF." The Global Assessment of Functioning Scale contained in the DSM-IV ~~DSM-III-R~~.

"Group counseling." A treatment approach in which one or more mental health staff meets with two or more clients with a mental illness in ongoing periodic formal sessions to deal with daily living issues associated with their emotional, cognitive or behavioral problems using a variety of supportive and re-educative techniques.

"Group therapy." An approach to treatment in which one or more professionals deliberately establish a relationship with two or more clients with a mental illness seen simultaneously in periodic formal sessions with the goal of ameliorating or reducing the symptoms of emotional, cognitive or behavioral disorder and promoting positive emotional, cognitive, and behavioral development.

"Guardian." The court-appointed guardian or conservator of the person under the Probate Act of 1975 [744 ILCS 5] ~~(Ill.~~ ~~Rev.~~ ~~Stat.~~ ~~1991,~~ ~~ch.~~ ~~110-1/2,~~ ~~par.~~ ~~1-1~~ ~~et~~ ~~seq.)~~ or a temporary custodian or guardian of the person of a child appointed by an Illinois juvenile court or a legally-appointed guardian or custodian or other party granted legal

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care, custody and control over a minor child by a juvenile court of competent jurisdiction located in another state whose jurisdiction has been extended into Illinois via the child's legally authorized placement in accordance with the applicable interstate compact. (The Juvenile Court Act of 1987; Interstate Compact on the Placement of Children [45 ILCS 15] ~~(Ill.~~ ~~Rev.~~ ~~Stat.~~ ~~1991,~~ ~~ch.~~ ~~23,~~ ~~par.~~ ~~2601~~ ~~et~~ ~~seq.)~~)

"Individual counseling." A treatment approach in which one mental health staff person meets with one client with a mental illness in ongoing periodic formal sessions, and uses relationship skills to promote the client's ability to deal with daily living issues associated with his or her emotional, cognitive or behavioral problems.

"Individual/family social rehabilitation." Structured activities provided individually or in a group setting to an individual with a mental illness or to his or her family in goal directed sessions directed toward improvement of social, emotional, cognitive, interpersonal or community adaptive functioning~~,~~ which are based on a clearly defined format which specifies the expected outcome. The approach is distinct from psychosocial rehabilitation day programming as defined in this Section.

"Individual therapy." A treatment approach in which a professional deliberately establishes a relationship with an individual client with a mental illness in ongoing periodic formal sessions with the goal of ameliorating or reducing the symptoms of emotional, cognitive or behavioral disorder and promoting positive emotional, cognitive and behavioral development.

"Individual treatment plan" or "treatment plan" (ITP). A written document developed by the appropriate service provider staff with the participation of the client with a mental illness and, if applicable, the client's guardian, which specifies the client's diagnosis, problems, and service needs to be addressed, the intermediate objectives and long-term goals for the services and the planned interventions for achieving these goals.

"Intensive family-based services for children and adolescents." A comprehensive psychosocial rehabilitation and training service provided in the home, school or other community-based location to children and adolescents with a mental illness and substantial impairment in role functioning to reduce the risk of more restrictive treatment such as psychiatric hospitalization.

"Intensive stabilization day program." Rehabilitative mental health services provided to persons with mental illness within a format of

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structured daily programming designed to promote crisis resolution and/or stabilization.

"Level of role functioning." For adults, refers to the client's level of functioning in everyday life in three critical areas including~~:~~ vocational/educational productivity, independent living and self-care, and social network relationships. For adults, rating scales such as the GAF or form DMHDD-1215, Specific Level of Functioning Assessment (SLOF), shall be used to assess the severity of the impairment in role functioning for the purpose of initiating services but shall not be used as the criteria for termination or discontinuation of services. ~~Scales--approved--for--use--with--adults--include--the-GAF-Scale.~~ For children and adolescents, these areas include family/home, school and community. Scales approved for use with children and adolescents include, but are not limited to~~,~~ the GAF Scale or the CGAS Scale.

"Licensed practitioner of the health arts (LPHA)." A clinical psychologist licensed under the Clinical Psychologist Licensing Act [225 ILCS 15] ~~(Ill.-Rev.-Stat.-1991,-ch.-111,-par.-535i-et-seq.)-or,~~ a licensed clinical social worker (LCSW) licensed under the ~~The~~ Clinical Social Work and Social Work Practice Act [225 ILCS 20] or a clinical professional counselor holding a permanent license pursuant to the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107] ~~(Ill.-Rev.-Stat.-1991,-ch.-111,-par.-635i-et-seq.)~~.

"Medicaid." Medical assistance issued by the Illinois Department of Public Aid under the provisions of Title XIX of the Social Security Act (42 U.S.C.A. 1396 ~~et-seq.,-1991~~ (1995)), for eligible recipients including Aid to the Aged, Blind and Disabled (AABD), Aid to Families with Dependent Children (AFDC), Medical Assistance No Grant (MANG), Refugee Repatriate Program (RRP) recipients as well as Title XIX eligible DCFS wards.

"Medicaid case management." Refers to the Title XIX of the Social Security Act case management services that the Department of Public Aid includes in the Medicaid State ~~state~~ plan as covered services for Medicaid-eligible clients and as defined in Subpart F of this Part.

"Medicaid clinic option (MCO)." Refers to clinical services, as authorized in 42 CFR 440.90 (1994)~~,-1989~~, and defined in Subpart D of this Part, that, at the option of the State, may be included in the Medicaid State ~~state~~ plan as covered services for Medicaid clients.

"Medicaid community mental health services program." Assessment, treatment and/or rehabilitative services as defined in this Part which are provided by or under a subcontract with a certified provider under a contractual agreement with either the Department, ~~or~~ DCFS or DOC. These services are supported financially in whole or in part by the

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Department, ~~or~~ DCFS or DOC and are also included under the Illinois medical assistance program (89 Ill. Adm. Code 140) for eligible clients. Providers must be certified by the Department or DCFS and also be enrolled with and be approved by the Department of Public Aid as a Medicaid provider.

"Medicaid rehabilitative services option." Refers to rehabilitative services, as authorized in 42 CFR 440.130~~,-1989,~~ (1994) and defined in Subpart E of this Part, that at the option of the Department of Public Aid may be included in the Medicaid State ~~state~~ plan as covered services for Medicaid-eligible clients.

"Mental health assessment." The formal process of gathering into a written report(s) demographic data, presenting problems, history or cause of illness, history of treatment, psychosocial history and current functioning in emotional, cognitive, social and behavioral domains through a face-to-face or personal contact with the client and collaterals, which results in identifying the client's mental health service needs~~,~~ and in recommendations for service delivery, and may include a tentative diagnosis.

"Mental health case management." Case management services to provide linkage, support and advocacy for persons with mental illness who need multiple services and require assistance in gaining access to and in using mental health, health, social, vocational, education and other community services and resources.

"Mental health professional (MHP)." A mental health professional (MHP) provides services under the supervision of a qualified mental health professional. The mental health professional must possess a bachelor's degree, a practical nurse license pursuant to the Illinois Nursing Act of 1987 [225 ILCS 65] ~~(Ill.-Rev.-Stat.-1991,-ch.-111,-par.-350i-et-seq.)~~ or have a minimum of five years supervised experience in mental health or human services.

"Mental illness." A mental or emotional disorder verified by a diagnosis contained in the DSM-IV ~~DSM-III-R~~, or ICD-9-CM which substantially impairs the person's cognitive, emotional and/or behavioral functioning; excluding V codes, organic disorders such as dementia and those associated with known or unknown physical conditions such as hallucinosis, amnestic disorder~~,~~ and delirium; psychoactive substance induced organic mental disorders; and mental retardation or psychoactive substance use disorders. For purposes of this Part, this does not exclude individuals with a dual diagnosis of mental retardation or psychoactive substance use disorders as long as a mental illness is the principal diagnosis.

"Occupational therapy." The evaluation, after referral by a physician

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as part of the total rehabilitation and health care team, of functional performance ability of clients impaired by physical illness or injury, emotional disorder, congenital or developmental disability~~,~~ or the aging process, and the analysis, selection and application of occupations or goal-directed activities, for the treatment or prevention of these disabilities to achieve optimum functioning. Occupational therapy shall be provided in accordance with the Illinois Occupational Therapy Practice Act [225 ILCS 75] ~~(Ill.~~ ~~Rev.~~ ~~Stat.~~ ~~1991,~~ ~~ch.~~ ~~111,~~ ~~par.~~ ~~3701~~ ~~et~~ ~~seq.)~~.

"Physician." A physician licensed under the Medical Practice Act of 1987 [225 ILCS 60] ~~(Ill.~~ ~~Rev.~~ ~~Stat.~~ ~~1991,~~ ~~ch.~~ ~~111,~~ ~~par.~~ ~~4400-1~~ ~~et~~ ~~seq.)~~.

"Physician services." The Medicaid community mental health program services which must be provided directly by a physician are psychiatric evaluation and psychotropic medication prescription and review.

"Principal diagnosis." When a person receives more than one diagnosis, the principal diagnosis is the condition that is chiefly responsible for precipitating inclusion in the appropriate Medicaid community mental health program services. A principal diagnosis of mental illness is the condition that will be the main focus of attention or treatment.

"Provider." An agency certified by the Department or DCFS to provide Medicaid community mental health services in accordance with this Part.

"Psychiatric evaluation." An in-depth evaluation of the client conducted by a psychiatrist, or a physician with training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness. The psychiatric evaluation covers all aspects of assessment generally accepted as reasonable clinical practice in the field of psychiatry including a statement of assets and deficits and results in a formulation of problems, diagnosis, and treatment recommendations.

"Psychological assessment." An assessment of the client's functioning in emotional, cognitive, intellectual and/or behavioral domains by a licensed clinical psychologist consistent with the Clinical Psychologist Licensing Act using nationally standardized psychological assessment instruments. The assessment results in a formulation of problems, tentative diagnosis and recommendation for treatment or service(s).

"Psychosocial rehabilitation day program." A formal program of daily

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services directed towards assisting clients with a mental illness to function at their highest level in the community. Clients participate, based on individual needs as determined in their treatment plan, in a variety of integrated individual and group services during the regularly scheduled formal program including counseling and adaptive functioning, stabilization and developmental interventions.

"Psychotropic medication monitoring and training." On-going observation of the client's response to his or her medication and information provided to a client with mental illness regarding the appropriate use of the psychotropic medication prescribed for his or her mental illness.

"Qualified mental health professional (QMHP)." One of the following:

A physician licensed under the Medical Practice Act of 1987 to practice medicine or osteopathy with training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training (the treatment of children and adolescents);

A psychiatrist (a physician licensed under the Medical Practice Act of 1987) who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association~~,~~ or other training program identified as equivalent by the Department;

A psychologist licensed under the Clinical Psychologist Licensing Act with specialized training in mental health services;

A social worker possessing a master's or doctoral degree in social work and licensed under the ~~The~~ Clinical Social Work and Social Work Practice Act with specialized training in mental health services;

A registered nurse licensed pursuant to the ~~The~~ Illinois Nursing Act of 1987 with at least one year of clinical experience in a mental health setting or a master's degree in psychiatric nursing;

An occupational therapist registered pursuant to the Illinois Occupational Therapy Practice Act with at least one year of clinical experience in a mental health setting; ~~or~~

An individual with a master's degree and at least one year of clinical experience in mental health services and who holds a license to practice marriage and family therapy pursuant to the Marriage and Family Therapy Licensing Act [225 ILCS 55]; or

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An individual possessing a master's or doctoral degree in counseling and guidance, rehabilitation counseling, social work, vocational counseling, psychology, pastoral counseling, or family therapy~~,~~ or related field, who has successfully completed a practicum and/or internship which includes a minimum of 1,000 hours, or who has one year of clinical experience under the supervision of a qualified mental health professional, ~~,~~ or who is a licensed social worker holding a master's degree with two years of experience in mental health services or who is a permanently licensed professional counselor under the Professional Counselor and Clinical Professional Counselor Licensing Act holding a master's degree with one year of experience in mental health services.

"Rehabilitative assessment." Assessment activities in accordance with Section 132.155 including the use of recognized professional practices and, as necessary, the administration of valid and reliable instruments in order to determine a client's need for rehabilitative services.

"Rehabilitative crisis intervention and stabilization." Intensive, face-to-face interventions with an eligible client and/or family in accordance with Section 132.155 who is experiencing an acute crisis which are intended to result in the short-term restoration of the client's or family's stability and functioning to the extent that the client is not at risk of self-harm or of removal from his or her family or of psychiatric hospitalization or abuse or neglect and/or the client is not at risk of self-harm or of causing harm to others or property.

"Rehabilitative counseling." Counseling in accordance with Section 132.155 which is intended to result in the behavioral or functional changes necessary to restore a DOC youth or an eligible client served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987 who has been determined as the result of a mental health or comprehensive assessment to be in need of rehabilitative counseling, to the level necessary for the client's effective day-to-day functioning.

"Rehabilitative services associate (RSA)." A rehabilitative services associate assists in the provision of services in accordance with Sections 132.150, 132.155, 132.165 and 132.170. A rehabilitative services associate must be at least 21 years old, have demonstrated skills in the field of services to adults or children, have demonstrated the ability to work within agency structure and accept supervision, and have demonstrated the ability to work constructively with clients, other providers and the community.

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"Rehabilitative services coordination." Activities in accordance with Section 132.170 intended to directly assist DOC youths or eligible clients served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987 to access rehabilitative services recommended by a physician or LPHA pursuant to the rehabilitative services portion of the treatment plan.

"Rehabilitative services consultation and review." Scheduled meetings with a supervisor, the recommending physician or LPHA or with a team of professionals from multiple disciplines in accordance with Section 132.155 which are for the distinct purpose of reviewing the status of prescribed rehabilitative services and/or determining whether there is a need to change the type or content of prescribed service for DOC youths or clients served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987.

"Rehabilitative services plan." A written plan developed in accordance with Section 132.155 which includes identification of the problems to be addressed, the rehabilitative services to be provided and the outcomes to be achieved for DOC youths or eligible clients served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987.

"Rehabilitative stabilization services." Specific activities in accordance with Sections ~~Section~~ 132.150 and 132.155 undertaken with DOC youths or eligible clients served by the Department or served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987 pursuant to a recommendation for rehabilitative stabilization services. The activities, which may be provided individually or in a group setting, are intended to result in the client developing or maintaining his or her best possible functional level in the areas of family, school or community.

"Rehabilitative transition, linkage and aftercare." Activities in accordance with Section 132.170 completed with or on behalf of a DOC youth or a child for whom DCFS is legally responsible, who is being moved from one living arrangement to another living arrangement or from one provider agency to another provider agency or service provider that are intended to result in an effective transition consistent with the child's need for rehabilitative services and his or her welfare and development, including transition to adult systems of care if indicated and appropriate.

"Service needs evaluation." The formal process of determining the

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service needs of the client through an assessment of the client, utilization of information gained from available collaterals (family and associates), data from the mental health assessment~~,~~ and specialized intensive assessments required by the nature of the client's condition, such as a psychiatric evaluation, psychological assessment~~,~~ or other specialized assessment approach.

"Short-term diagnostic and rehabilitative services." Services as described in Subparts E and F of this Part which may include rehabilitative assessment, service plan development, crisis intervention and stabilization, counseling, rehabilitative case management and transition, linkage and aftercare provided for a maximum of 90 days for a DOC youth or a child for whom DCFS is legally responsible and who has a substantial impairment in role functioning as indicated by an ICD-9-CM diagnosis, or has a diagnosis of a mental illness as both are defined in this Section and who resides in a specialized substitute care living arrangement.

"Site." A discrete location other than a licensed foster family home that is owned or leased by a provider for the purpose of providing Medicaid community mental health services at which staff are housed and records maintained.

"Specialized substitute care living arrangement." A residential or group care living arrangement which is supervised by an agency which, if located in the State of Illinois, is licensed pursuant to the Child Care Act of 1969 [225 ILCS 10] and is certified pursuant to this Part and which is under contract to DCFS, the Department or DOC to provide specialized substitute care.

"Substantial impairment of role functioning." Refers to significant limitations in activities of daily living, such as self-care, communications, learning, work skills, social interaction, the ability to self-direct one's behavior at an age-appropriate or independent level and, in the case of a child or adolescent, may include the extrusion or risk of extrusion from family due to emotional and behavioral factors.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.30 Application and certification process

a) Any agency having a contract with the Department, ~~or~~ DCFS or DOC for provision of mental health services, ~~or~~ with DCFS for the provision of child welfare services or youth services or with DOC for the provision of youth treatment, rehabilitative or transitional services may apply for certification as a provider. Successful applicants will be

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certified by the Department or DCFS and enrolled as a provider in the Illinois medical assistance program by the Department of Public Aid pursuant to 89 Ill. Adm. Code 140.11.

b) DCFS is authorized to perform the functions ascribed to the Department in this Section and Sections 132.35 through 132.55, in relation to human service agencies contracting with DCFS or DOC as specified in subsection (d) of this Section ~~below~~.

c) Applications may be obtained by submitting a request in writing to:

Department of Mental Health and Developmental Disabilities
Bureau of Certification and Licensure
100 North 9th Street ~~4201 North Oak Park Avenue~~
Springfield ~~Chicago~~, Illinois 62765 ~~60634~~

or

Department of Children and Family Services
Office of Medicaid Certification
406 East Monroe Street
Springfield, Illinois 62701

d) The applicant shall submit to the Department or DCFS a completed "Application for Certification of Community Medicaid Programs" with all necessary accompanying components in accordance with the following:

1) An applicant intending to contract under this Part solely with the Department for children and adolescents and/or adult Medicaid community mental health services shall submit its completed application to the Department; or

2) An applicant intending to contract under this Part solely with DCFS or DOC for ~~children and adolescents~~ Medicaid community mental health services for children and adolescents shall submit its completed application to DCFS; or

3) An applicant intending to contract under this Part with both the Department and DCFS ~~Departments~~ for ~~children and adolescents~~ Medicaid community mental health services for children and adolescents shall submit its application to either the Department or DCFS; or

4) An applicant intending to contract under this Part with ~~both~~ the Department, DCFS or DOC ~~Departments~~ for ~~children and adolescents~~ Medicaid community mental health services for children and adolescents and with the Department for adult Medicaid community mental health services shall submit its completed application to the Department.

e) At the discretion of the Department or DCFS, agencies submitting applications which have all components attached may be certified in accordance with the procedures outlined in either subsection (f) or (g) of this Section ~~below~~.

f) For applications that have attached to them, at a minimum, a staffing roster, evidence of compliance with State ~~state~~ and local ordinances

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and codes relating to fire safety for all site(s) where Medicaid reimbursable services are being provided, documentation of compliance from a licensed plumber and electrician that any structure to be used as a site is in compliance with the codes and standards pertaining to the licensing and regulation of plumbers and the National Electrical Code (see Section 132.90) and a copy of the applicant's financial audit for the last fiscal year if it is not on file with the Department or DCFS, the Department or DCFS shall conduct an on-site review within 40 working days after ~~of~~ the receipt of the application.

1) The on-site review shall determine compliance with Level I and Level II requirements of this Part. The applicant shall demonstrate full compliance with the following Level I requirements: ~~The on-site review for full compliance with this Part shall examine all administrative and service standards that pertain to the specific types of Medicaid community mental health program services for which the applicant is requesting certification.~~

   A) Section 132.80;
   B) Section 132.85;
   C) Section 132.90;
   D) Section 132.95;
   E) Section 132.100(a), (c), (d), (e), (h) and (i);
   F) Section 132.105;
   G) Section 132.115;
   H) Section 132.120(a), (b), (c), (e), (g), (h) and (i);
   I) Section 132.125(a), (d), (e), (f) and (h);
   J) Section 132.130;
   K) Section 132.135(a)(1), (a)(2), (a)(4), (b)(1), (b)(2)(A), (b)(2)(D) and (c)(1);
   L) Section 132.140 (a) through (c)(1);
   M) Section 132.145(a)(2), (a)(3), (a)(4), and (a)(5);
   N) Section 132.150(a), (b), (c)(1), (c)(2), (c)(3), (c)(5) through (c)(9), (d)(2), (d)(4) through (d)(9), (e)(1) through (e)(5), (f)(1), (f)(2), (f)(4), (f)(6), (f)(7), (f)(8), (g), (h), (i), (j), (k), (l), (m) and (n);
   O) Section 132.155(a), (b), (d)(2) through (d)(8), (e)(3), (e)(4), (e)(5), (e)(7), (e)(8), (f), (g)(1), (g)(2), (g)(4), (h), (i)(1), (i)(3), (j)(1), (j)(3), (k)(1), (k)(4), (l)(1) and (l)(4);
   P) Section 132.160;
   Q) Section 132.165; and
   R) Section 132.170(a), (b), (d)(1), (d)(3), (e)(1) and (e)(3).

2) All requirements not identified in subsection (f)(1) of this Section are deemed Level II requirements with which the applicant shall demonstrate substantial compliance.

3) For Section 132.90, the applicant's site(s) on which the Medicaid community mental health program services are offered shall be reviewed for compliance with applicable federal, State ~~state~~, and local laws and ordinances pertaining to safety and accessibility. For the program specific Subparts, a review of a sample of Medicaid-eligible client records shall be conducted. Such sample shall consist of a minimum of 10 records from the applicant's Medicaid-eligible clients. In the event the 10 records of Medicaid-eligible clients are not available, the sample will consist of all available Medicaid-eligible client records.

4) ~~2)~~ If the on-site review confirms compliance with the requirements of this Part as specified in subsections (f)(1) and (2) of this Section, the Department or DCFS shall issue a letter of certification within 20 working days from the date of completion of the on-site review and send the Medicaid enrollment forms to the applicant. Certification shall be effective the date of the first day of the on-site review.

5) ~~3)~~ If the on-site review does not confirm compliance with the requirements of this Part as specified in subsections (f)(1) and (2) of this Section, the Department or DCFS shall report deficiencies to the applicant in an exit conference. The Department or DCFS shall also issue to the applicant, within 40 working days, a notice of deficiencies enumerating those standards of this Part with which the applicant is not in compliance. The Department or DCFS may certify a provider for participation in the program at the conclusion of the exit conference, if the applicant agrees in writing to correct all Level I deficiencies ~~other identified deficiencies, and is in compliance with Sections 132.90, 132.115, and/or 132.145~~.

   A) The certified provider shall submit a plan of correction for the deficiencies within 25 working days after the date of the postmark on the written notice of deficiencies. The plan of correction shall identify the actions that have been, or will be, taken in order to come into compliance with this Part and the time-frames for implementation of the action. Time-frames for implementation of action shall not exceed three months except when deficiencies relate to major structural deficiencies related to physical accessibility of the site(s) for persons with disabilities. In such instances, implementation must occur before the end of the next complete State ~~state~~ fiscal year following the fiscal year during which the deficiency was first documented. Applicants required to correct deficiencies related to physical accessibility may be certified in the interim upon effecting measures to reasonably accommodate persons with disabilities.
   B) The Department or DCFS shall notify the certified provider within 20 working days after receipt and approval of the plan of correction. Providers whose certification is

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continued based on the Department's or DCFS' approval of their plan of correction shall be liable for any claims disallowed due to non-compliance with this Part.

~~e) Applicants which are not in compliance with Sections 132.115 and/or 132.145 may be certified when a plan of correction is submitted and approved by the Department or DCFS. Certification will be effective the latest date of implementation for correcting deficiencies noted in Sections 132.115 and/or 132.145.~~

C)~~B)~~ If the plan of correction does not effectively address the action which has been or will be taken to meet the standards for compliance, the Department or DCFS shall notify the certified provider within 20 working days. The certified provider shall resubmit an acceptable plan of correction within 10 days after ~~of~~ the notice or the Department or DCFS shall act to suspend or terminate certification.

D)~~B)~~ If the certified provider fails to respond to the notice of deficiencies within 25 working days after the postmark date on the notice of deficiencies with a plan of correction, the Department or DCFS shall act to suspend or terminate certification.

g) Applications which have attached to them all components identified in Section 132.Appendix A shall be reviewed for compliance with this Part. Applications missing any components will not be accepted as complete and the time-frames of this Section pertaining to applications shall not apply. The applicant shall be notified in writing of missing components within 20 working days after the receipt of the application. The applicant shall submit any missing components within 25 working days after receipt of the written notification. Applications still missing components at this time shall be returned to the applicant.

1) If the application components are in compliance with this Part, the Department or DCFS shall issue a letter of certification within 20 working days after having received the application and send the Medicaid enrollment forms to the provider. The effective date of certification shall be the date the review of the application was completed.

2) If the application includes all of the components, but one or more of the components is not in compliance with this Part, the applicant shall be notified in writing within 20 working days after receipt of the completed application of identified deficiencies. The applicant shall submit corrected documentation or an acceptable plan of correction for these deficiencies within 25 working days after the postmark date on the notice of deficiencies. The plan of correction shall identify the actions that have been, or will be, taken in order to come into compliance with this Part and the time-frames for implementation of the action. If the applicant does not respond with a plan of correction within the 25 working days, the application will be considered withdrawn and returned to the applicant.

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3) Upon receipt and approval of the corrected documentation or the plan of correction for the identified deficiencies, the Department or DCFS shall notify the applicant and issue a letter of certification and send the Medicaid enrollment forms to the applicant. The effective date of certification shall be the date on which the corrected documentation is approved or the plan of correction is implemented except when deficiencies relate to major structural deficiencies as explained in subsection (g)(4)(D) of this Section ~~below~~.

4) The Department or DCFS shall schedule an on-site review to verify compliance with this Part within six months after initial certification when certification has been issued based solely on ~~upon~~ a review of the application components specified in Section 132.Appendix A.

A) The on-site review shall determine compliance with Level I and Level II requirements of this Part. The applicant shall demonstrate full compliance with the following Level I requirements: ~~The on-site review for verification with this Part shall examine all administrative and service standards that pertain to the specific types of Medicaid community mental health program services for which the provider has been certified.~~

i) Section 132.80;

ii) Section 132.85;

iii) Section 132.90;

iv) Section 132.95;

v) Section 132.100(a), (c), (d), (e), (h) and (i);

vi) Section 132.105;

vii) Section 132.115;

viii) Section 132.120(a), (b), (c), (e), (g), (h) and (i);

ix) Section 132.125(a), (d), (e), (f) and (h);

x) Section 132.130;

xi) Section 132.135(a)(1), (a)(2), (a)(4), (b)(1), (b)(2)(A), (b)(2)(D) and (c)(1);

xii) Section 132.140;

xiii) Section 132.145(a)(1) through (a)(5);

xiv) Section 132.150(a), (b), (c)(1), (c)(2), (c)(3), (c)(5) through (c)(9), (d)(2), (d)(4) through (d)(9), (e)(1) through (e)(5), (f)(1), (f)(2), (f)(4), (f)(6), (f)(7), (f)(8), (g), (h), (i), (j), (k), (l), (m) and (n);

xv) Section 132.155(a), (b), (d)(2) through (d)(8), (e)(3), (e)(4), (e)(5), (e)(7), (e)(8), (f), (g)(1), (g)(2), (g)(4), (h), (i)(1), (i)(3), (j)(1), (j)(3), (k)(1), (k)(4), (l)(1) and (l)(4);

xvi) Section 132.160;

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xvii) Section 132.165; and
xviii) Section 132.170(a), (b), (d)(1), (d)(3), (e)(1) and (e)(3).

B) All requirements not identified in subsection (g)(4)(A) of this Section are deemed Level II requirements with which the applicant shall demonstrate substantial compliance.

C) The provider's site(s) on which Medicaid community mental health program services are offered shall be reviewed for compliance with applicable federal, State ~~state~~, and local laws and ordinances pertaining to safety and accessibility. For the program specific Subparts, a retrospective review of a sample of Medicaid-eligible client records shall be conducted. Such sample shall consist of a minimum of 10 records of the provider's Medicaid-eligible clients. In the event that 10 Medicaid-eligible client records are not available, the sample will consist of all available Medicaid-eligible client records.

D)~~B)~~ If the on-site review verifies compliance with the requirements as specified in subsections (g)(4)(A) and (B) of this Section ~~Part~~, the Department or DCFS shall issue a letter of verification within 20 working days from the date of completing the on-site review.

E)~~C)~~ If the on-site review does not verify compliance with the requirements of this Part as specified in subsections (g)(4)(A) and (B) of this Section, the Department or DCFS shall report deficiencies to the provider during an exit conference. The Department or DCFS shall also issue, within 20 working days after the on-site review, a notice of deficiencies to the provider enumerating those standards of this Part with which the provider is not in compliance.

F)~~B)~~ The provider is required to submit a plan of correction for the deficiencies within 25 working days after the postmark date on the written notice of deficiencies. The plan of correction shall identify the actions that have been, or will be, taken in order to come into compliance with this Part and the time-frames for implementation of the action. Time-frames for implementation of action shall not exceed three months except when deficiencies relate to major structural deficiencies related to physical accessibility of the site(s) for persons with disabilities. In such instances, implementation must occur before the end of the next complete State ~~state~~ fiscal year following the fiscal year during which the deficiency was first documented in writing. Providers required to correct deficiencies related to physical accessibility may be certified in the interim upon effecting measures to reasonably accommodate persons with disabilities.

G)~~B)~~ If the provider fails to respond to the notice of deficiencies within 25 working days after the postmark date on the notice of deficiencies with an acceptable plan of correction, the process to suspend or terminate shall be initiated.

H)~~F)~~ The Department or DCFS shall notify the provider and, within 20 working days after receipt and approval of the plan of correction, shall issue a letter approving continuation of the certification period. Providers certified based on the Department's or DCFS' approval of their plan of correction shall be liable for any claims disallowed due to non-compliance with this Part.

h) Applicants which are fully accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Accreditation of Rehabilitation Facilities (Standards Manual for Organizations Serving People with Disabilities (Commission on Accreditation of Rehabilitation Facilities, 101 North Wilmot Road, Tucson, Arizona 85711~~,~~ (1992) ~~1989~~)) or the Council on Accreditation of Services for Families and Children, Inc. (Manual for Agency Accreditation ~~Provisions for Accreditation~~) (Council on Accreditation of Services for Families and Children, Inc., 520- 8th Avenue, Suite 2202B, New York, New York 10018 (1992)~~,~~ ~~1987~~)) or the Accreditation Council on Services for People with Developmental Disabilities (Standards for Services for People with Developmental Disabilities~~)~~ (Accreditation Council on ~~for~~ Services for People with Developmental Disabilities, 8100 Professional Place, Suite 204, Landover, Maryland 20785 (1990)~~,~~ ~~1989~~)) or for applicants licensed by the Department of Alcoholism and Substance Abuse at 77 Ill. Adm. Code 2058 (Licensure of Alcoholism and Substance Abuse Treatment, Intervention and Research Programs) shall not have the standards specified in Sections 132.65, 132.70 and 132.75 examined during the on-site review, but are required to comply with all of the standards. These applicants shall not have standards in Section 132.90 examined during the on-site review for any site included in the licensure accreditation process but are required to comply with all of these standards.

i) Initial certification shall be for a three-year ~~12-month~~ period. Any changes during the certification period which affect the ability of the provider to deliver services in compliance with the requirements of this Part shall be reported to the Department or DCFS.

j) When a decision is made to not certify an applicant, the applicant may appeal the decision and request a hearing in accordance with Section 132.55 of this Part and Section 10-25 of the Illinois Administrative Procedure Act [5 ILCS 100/10-25] ~~(Ill. Rev. Stat. 1991, ch. 127, par. 1010-25)~~.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.35 Recertification and reviews

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a) The Department or DCFS shall conduct a full compliance review ~~at~~ prior to the end of ~~or--about--12--months--from--the--date--of~~ the initial certification. A provider found in compliance with this Part subsequent to initial certification shall be issued a letter of certification within 20 working days, extending for three years from the date on which the prior certification period expired or will expire. Any changes during the certification period which affect the ability of the provider to deliver services in compliance with the requirements of this Part shall be reported to the Department or DCFS.

b) A provider found not in compliance with this Part shall be issued a notice of deficiencies within 40 working days. The provider shall be required to submit a plan of correction for these deficiencies within 25 working days after the postmark date of the notice of deficiencies. Time-frames for implementation of action shall not exceed three months except when deficiencies relate to major structural deficiencies related to physical accessibility of the site(s) for persons with disabilities. In such instances, implementation must occur before the end of the next complete State ~~state~~ fiscal year following the fiscal year during which the deficiency was first documented in writing. The Department or DCFS shall issue a letter of certification upon approving the plan of correction. This certification shall extend for three years from the date on which the prior certification period expired or will expire.

c) A provider which fails to submit a plan of correction or submits a plan of correction that is not approved by the Department or DCFS shall be subject to the suspension and termination provisions in Sections 132.45 and 132.50.

d) A focused review shall be conducted to verify the implementation of a plan of correction, ~~,~~ to inspect new services and/or sites for which a provider seeks additional certification, ~~,~~ to investigate complaints~~,~~ and/or to review major program changes related to the ability of the provider to deliver services in compliance with this Part. A focused review shall include an on-site survey when visual inspection is necessary.

e) If a recertified provider has a plan of correction on file with the Department or DCFS, a focused review shall be conducted within 12 months.

f) If the Department or DCFS fails to conduct a compliance review for recertification before the expiration of the current certification period, the certification shall remain valid until completion of such compliance review.

g) Subsequent compliance reviews for recertification will be conducted on or about the expiration date of the current certification period.

h) The Department or DCFS shall be granted access to all provider sites. Client records and all other records shall be made available to the Department or DCFS, on request, during the initial compliance survey, focused review(s) and three-year full compliance survey(s) required by this Section, in accordance with the Confidentiality Act.

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(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.40 Certification for additional Medicaid community mental health services and/or new site(s)

a) Providers certified for specific Medicaid community mental health services pursuant to this Part that seek certification for the provision of additional Medicaid community mental health services shall submit the following documentation:

1) A detailed program description of the service(s) delineating how the new service(s) is to be provided, when and where the service(s) is to be provided and who will provide the service(s), including staff qualifications; and

2) If the service is to be provided at a site which has not already been certified, a clearance letter from the local fire authority or the Office of the State Fire Marshal and statements from a licensed plumber and licensed electrician stating that the site(s) meets required local codes for their respective professions, and a letter from the provider attesting to compliance with the requirements of physical accessibility standards (see Section 132.90). (A statement from a local building inspector, a licensed architect, a licensed professional engineer or an electrical contractor will meet the plumber and electrician requirements.)

b) Providers certified for specific Medicaid community mental health services pursuant to this Part that seek certification for new site(s) shall comply with the documentation requirements specified in subsection (a)(2) of this Section ~~above~~.

c) The provider's request to certify additional Medicaid community mental health services or new site(s) shall be submitted to the Department to which the original application was submitted.

d) The documentation listed in subsections ~~subsection~~ (a)(1) and/or (a)(2) of this Section ~~above~~ will be reviewed for compliance within 20 working days after receipt.

1) If the review determines that the provider is in compliance with the requirements for certification for an additional Medicaid community mental health service(s) and/or new site(s), the provider shall be notified and a new Medicaid certificate issued with the same expiration date as the current certificate. The certificate shall identify the additional Medicaid community mental health service(s) or new sites certified. The Department or DCFS shall conduct a focused review within 18 months or at the next scheduled review, whichever comes first, to verify compliance with the requirements for new services only. The Department or DCFS shall conduct a focused review within 12 months after the Department's or DCFS' approval of the new site(s), whichever comes first, to verify compliance with the

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requirements for new site(s) only or both new site(s) and new services.

2) If the review determines that the provider is not in compliance with the requirements for certification for additional service(s) or new site(s), the provider shall be notified of the deficiencies in writing within 20 working days after receipt of the documentation as identified in subsections ~~subsection~~ (a)(1) and/or (a)(2) of this Section ~~above~~. The provider shall submit an acceptable plan of correction for these deficiencies within 25 working days after the postmark date on the notice of deficiencies.

A) Upon the Department's or DCFS' receipt and approval of a plan of correction, the provider shall be notified and a new Medicaid certificate issued with the same expiration date as the current certificate. The certificate shall identify the additional Medicaid community mental health service(s) and/or new site(s).

B) The Department or DCFS shall conduct a focused review to verify implementation of the plan of correction for new site(s) at the next scheduled review or within six months after the Department's or DCFS' approval of the new sites, whichever comes first. The Department or DCFS shall conduct a focused review to verify the implementation of the plan of correction for new services at the next scheduled review or within 18 months of the Department's or DCFS' approval of the new services, whichever comes first.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.50 Termination of certification

a) A provider shall be issued a written notice terminating certification during a certification period for:

1) Meeting any of the grounds for termination set forth in 89 Ill. Adm. Code 140.16; or

2) Discontinuing delivery of all Medicaid community mental health services for which the provider has been certified; or

3) Being convicted of defrauding the medical assistance program under Article VIIIA of the Illinois Public Aid Code [305 ILCS 5/Art. VIIIA] ~~(Ill.-Rev.-Stat.-1991,-ch.-23,-par.-8A-1-et-seq.)~~; or

4) Failing to submit and/or implement a plan of correction for cited deficiencies.

b) In the event that all ~~the~~ contracts ~~contract~~ between the provider and the Department, DCFS or DOC ~~for-provision-of-services-under-this-Part,-or-the-provider-and-DCFS~~ for the provision of services under this Part, ~~is~~ are terminated, certification of the provider shall likewise

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be terminated and the Department of Public Aid will be advised of this by the Department, ~~or~~ DCFS or DOC. The provider is solely liable for the cost of services provided after a ~~the~~ contract has been terminated.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.60 Rate setting

a) The Department, ~~and/or~~ DCFS and/or DOC will compute rates for services which are reimbursed under the Medicaid community mental health services program. The rates will be computed for each State ~~state~~ fiscal year and will be effective 30 days after approval is received from the Department of Public Aid. The rates shall be in effect for one State ~~state~~ fiscal year.

b) Reimbursement rates will be the product of hourly payment rates and services units designated as fractions or multiples of service hours as indicated in Section 132.Appendix B.

c) Hourly payment rates for each Medicaid community mental health service are computed from the following factors:

1) Hourly wages and salaries for direct care staff (QMHP; MHP; and RSA) who are authorized to provide billable services;

2) Hourly paid benefits for direct care staff;

3) Hourly Medicaid-reimbursable community provider operating expenses other than direct care staff salaries, wages, and paid benefits;

4) Time spent in delivering services which may be billed; and

5) Client staff ratios.

d) Rehabilitative services described in Subparts E and F of this Part may be integrated into a comprehensive array and billed on a per diem basis and defined on an individual specialized substitute care provider basis by the Department, DCFS or DOC using the factors enumerated in subsection (c) of this Section.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

SUBPART B: PROVIDER ADMINISTRATIVE REQUIREMENTS

Section 132.65 Organizational structure

a) The administrative organization shall promote effective operation of the various programs in a manner consistent with all applicable State ~~state~~ laws, regulations, and adopted procedures.

b) A provider must present written documentation of the existence of operating policies and procedures which detail and explain the operation of programs and the delivery of services, including a

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description of staff decision-making authority.

c) A provider must present proof of insurance against professional and physical liabilities.

~~d) A provider must present proof of written provisions for orientation and on-going communication with the governing board.~~

d)~~e)~~ A provider shall ensure the availability of staff and/or consultants capable of using language(s) or method(s) of communication used by Medicaid-eligible clients served by the provider.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.70 Personnel and administrative recordkeeping

a) The provider shall have a comprehensive set of personnel policies and procedures that include but are not limited to:

1) Job descriptions and qualifications, including but not limited to documentation of current licensure, and certification shall be maintained for all staff, including physicians who are employed either directly or by contract by the provider or by an agency subcontracting with the provider or program.

2) Providers shall assure in writing that staff providing or supervising services pursuant to this Part meet the staff qualifications defined in this Part, and that their individual performance is evaluated no less frequently than once every twelve months.

3) Providers shall have documentation that they have written personnel policies concerning the hiring, evaluating, and disciplining (including terminating) of staff~~, including job descriptions for volunteers who will be providing Medicaid community mental health services~~.

b) The provider shall document that it provides directly or indirectly for development and continuing education activities of its employees which broaden their existing knowledge in the field of mental health and related areas. ~~These activities shall be related to program goals and may include support of staff attendance at conferences, university courses, visits to other agencies, use of consultants, educational presentations within the agency, assigned reading, and so forth.~~

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.80 Fiscal and statistical

a) Providers shall present written assurances that they will submit billings in the manner specified by the Department, ~~or~~ DCFS or DOC and that they have a formal accrual accounting system in accordance with Generally Accepted Accounting Principles (GAAP) (Harcourt, Brace,

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Jovanovich, Publisher, (1989)).

b) The provider shall submit to the Department, ~~or~~ DCFS or DOC annually an independent audit report 120 days after the end of the provider's fiscal year. These required audit reports shall be prepared in accordance with the current American Institute of Certified Public Accountants generally accepted auditing standards appropriate for the provider and in accordance with relevant federal single audit requirements (e.g., U.S. Office of Management and Budget Circular A-128, (April 12, 1985) or Circular A-133 (Single Audit Information Service, Thompson Publishing Group, 1725 K. Street N.W., Suite 200, Washington, DC 20006)). The report shall contain all applicable statements including the basic financial statement presenting the financial position of the organization, the results of its operation, and changes in fund balances or retained earnings. The report shall contain the certified public accountant's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the certified public accountant expresses a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason shall be stated. (A report will not be accepted if the certified public accountant's opinion is qualified or denied because the provider placed an unnecessary limitation on the scope of the audit.)

c) The provider shall also submit within 180 days after the end of the State ~~state~~ fiscal year the State of Illinois Interagency Statistical and Financial Report (ISFR) to the Department, ~~or~~ DCFS or DOC unless ~~either~~ the Department, ~~or~~ DCFS or DOC extends the time-frame for a provider having a different fiscal year than the State of Illinois.

d) The provider shall also comply with the requirements governing audits, false reporting and other fraudulent activities, pursuant to 89 Ill. Adm. Code 140.30 and 140.35 for services provided to Medicaid-eligible clients. The provider will be held responsible for any claims disallowed resulting from non-compliance with this Part.

e) Each provider shall contract with the Department, DOC and/or DCFS for the provision of Medicaid community mental health services.

f) Billings for services rendered under the Medicaid community mental health program must be submitted by a provider to the Department, ~~or~~ DCFS or DOC in the manner required by each department. The billings shall include the following:

1) A claim for reimbursement for each covered item of service provided to a client.

2) A claim for reimbursement shall be submitted during the State fiscal year that the service was delivered but in no case shall a claim be submitted later than one year from the date on which the service was provided. ~~A claim for reimbursement shall be submitted during the state fiscal year the service was delivered within six months after the date that the service was delivered but in no case shall a claim be submitted later than 60 days from the end of the state fiscal year during which the service(s) was~~

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~~provided.~~

3) The provider shall keep and make available such hard copy ~~hardcopy~~ records and source documents associated with each submitted reimbursement claim as necessary to disclose fully the nature and extent of service billings included therein.

4) Each reimbursement claim submitted to the Department, ~~or~~ DCFS or DOC shall be accompanied by a transmittal document providing a description of the claim for reimbursement (submitting provider, number of claim transactions, etc.) and a signed certification for each such batch.

g) The provider shall report to the Department, ~~or~~ DCFS or DOC information regarding the client's private insurance coverage or third party liability coverage on the claim transaction. In addition, adjustments to prior approved claims must be submitted on the claim transaction. The provider shall bill all other third parties prior to billing the Department, ~~or~~ DCFS or DOC for services and shall maintain a record of all such billings and payments received.

h) Services such as individual, group, and family therapy, psychotropic medication, monitoring and self-administration training, crisis intervention and case management shall be reimbursed at an hourly rate per client payable to the nearest quarter hour.

i) Day treatment services such as intensive stabilization and extended treatment and rehabilitation shall be reimbursed at an hourly rate per client payable to the nearest hour. Billable services are limited to eight ~~five~~ hours per day up to seven days per week.

j) Psychiatric services provided by physicians are reimbursed directly by the Department of Public Aid.

~~k) Community-based--rehabilitation--services--shall--be--reimbursed--as-a consolidated-set-of-comprehensive-services-payable-at-a-daily-rate.~~

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.85 Recordkeeping

a) The provider shall maintain in the regular course of business the following:

1) Any and all business records which provide written documentation of financial arrangements between the provider and other providers in the program and other entities, or which are necessary to determine compliance with this Part, including but not limited to:

A) Business ledgers of all transactions;

B) Records of all payments received, including cash;

C) Records of all payments made, including cash;

D) Corporate papers, including stock record books and minute books;

E) Records of all arrangements and payments related in any way to the leasing of real estate or personal property, including any equipment;

F) Records of all accounts receivable and payable; and

G) Hard copy and source documents relating to the creation of the service billing files.

2) Any and all client records which document the quality, type and quantity of services, including actual time and amount of time, provided by the provider for which payment is claimed under this Part. Such records shall also include written documentation of compliance with all Sections of this Part pertinent to service provision. (See also Section 132.100(h).)

b) The business and client records required to be maintained must be retained for a period of not less than five years from the date of service, except that if an audit is initiated within the required retention period the records must be retained until the audit is completed and every exception resolved. This provision is not to be construed as a statute of limitations.

c) All clinical and financial records required to be maintained shall be readily available for inspection, audit and copying (including photocopying) by Department, ~~or~~ DCFS or DOC personnel and Department of Public Aid and U.S. Health Care Financing Administration compliance personnel during normal business hours at the provider's facility. Department, ~~or~~ DCFS or DOC personnel shall make all attempts to examine such records without interfering with the professional activities of the provider.

d) The compilation and storage of and accessibility to client records shall be governed by written policies and procedures, in accordance with the Confidentiality Act, which shall specify that:

1) Access to client records shall be limited to persons authorized by the Confidentiality Act and to the client;

2) Records of DOC youths shall be released to DOC pursuant to Section 9 of the Confidentiality Act;

3)~~2~~ All entries in the client record shall be current, legible, dated and signed by the author;

4)~~3~~ Facilities for the handling, processing and storage of client records shall be secured from theft, loss, or fire and access limited to personnel authorized by the provider; and

5)~~4~~ Client data maintained on magnetic tapes, computer files, or other automated information systems shall be secure from theft, loss, or fire.

e) Client, clinical, business and financial records which are required to be maintained may be transferred to magnetic tape, computer files, microfilm, microfiche, optical scanning or other automated manner no sooner than five years after services to an individual are terminated, except that if an audit was initiated within the required retention period, the hard copy records must be retained until the audit is completed and every exception resolved.

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(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

SUBPART C: UTILIZATION REVIEW AND CONTINUITY OF SERVICES

Section 132.95 Utilization review

There shall be a written utilization review (UR) plan and ongoing activities designed to assess the appropriateness of the admission to Medicaid community mental health services, intensity/level of services, and continued services. Such services may be subject to utilization management parameters established by the respective departments. The written UR plan shall address:

a) The methods and procedures for performing and recording individual case reviews;

b) The authority and functions of the individual case review designated unit. The designated unit may be:

1) A committee representative of the staff providing the services which may include QMHPs, MHPs, RSAs, and chaired by a QMHP, or

2) A QMHP;

c) Procedures describing the method for selecting cases for quarterly case review and the procedures for reviewing 10 percent of the clients served under this Part annually;

d) Procedures to ensure that the review includes and summarizes the client's progress over the previous 90 days;

e) Policies and procedures for documenting and reporting individual case reviews findings, determinations and recommendations to the supervising QMHP and, if applicable, the billing department;

f) Procedures for appeal by clients and staff affected by the UR decisions with which they disagree;

g) Provisions for ensuring confidentiality of individual case reviews, determinations, results~~,~~ and/or recommendations in accordance with the Confidentiality Act; and

h) Procedures for following up on case review recommendations~~,~~ ~~and~~

~~i) Procedures to ensure that the final written approval and authorization for continuing treatment beyond established service utilization parameters is provided only by the signature of the reviewing QMHP.~~

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.100 Clinical records

The client's clinical record shall contain, but is not limited to~~,~~ the following:

a) Identifying information including name, Medicaid client identification number, address and telephone number, sex, date of birth, primary ~~language or~~ method of communication, if other than English, ~~marital status,~~ emergency contact or guardian, date of initial contact and

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initiation of mental health services, third party insurance coverage, and, as appropriate, may include marital status and source of referral;

b) Documentation of consent for mental health services;

c) Assessment and reassessment reports;

d) A current ITP or rehabilitative services plan, progress notes and reviews;

e) Documentation concerning the prescription and administration of psychotropic medication;

f) Documentation of missed appointments;

g) Documentation of client movement (referral/transfer) during any active service period to or from the provider's programs or to or from other providers;

h) Documentation to support ~~each~~ services ~~service~~ rendered for which reimbursement is claimed which includes:

1) The specific service(s) rendered;

2) The date the service(s) were rendered;

3) Who rendered the service(s);

4) The setting in which the service(s) were rendered;

5) ~~The~~ Client progress relation ~~relationship of~~ to the service(s) in ~~to~~ the ITP or rehabilitative services plan ~~goals and client progress~~.

i) Comprehensive rehabilitative services and comprehensive mental health services shall be documented on a daily basis by completion of a daily treatment summary which identifies the services(s) received each day and describes a child's general level of functioning.

j)~~i~~) Periodic reviews describing the client's overall progress;

~~j) Justification for extension of service durations beyond the maximum units as set forth in this Part;~~

~~k) A record of grievances filed by the client, including the nature of the complaint, date of complaint, and a statement regarding the resolution of the complaint;~~

k)~~l~~) A record of the client's major accidents or incidents that occur at the site with regard to a specific client, whether self-reported or observed, and resulting in an adverse change in the client's physical and/or mental functioning; and

l)~~m~~) Discharge summary documenting the outcome of treatment and, as necessary, the linkages for continued services.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.105 Continuity and coordination of services

The provider shall ensure the continuity and coordination of services as provided in the client's ITP. The provider shall:

a) Communicate relevant treatment and service information prior to or at the time that the client is transferred to a receiving program of the

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provider, or is terminated from service and referred to a program operated by another service provider, if the client and/or parent or guardian provides written authorization; and

b) Document in the client's record the referrals to other human service providers and follow-up efforts to link the client to services; ~~and~~.

~~c) Develop written agreements with other relevant human service providers in the service area, as necessary.~~

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.110 Availability of services (Repealed)

~~a) Medicaid community mental health services shall be available and accessible to persons in need of such services as assessed and prescribed or recommended.~~

~~b) Services shall be flexibly arranged to meet the needs of eligible clients, including arrangements for services during evenings, weekends, or holidays.~~

~~c) The provider shall have written policies stating how services are designed to minimize temporal, economic, procedural, cultural, or linguistic barriers to Medicaid community mental health service delivery.~~

~~d) To assure access to Medicaid community mental health services for the client as well as for the accompanying parent, guardian, or caregiver, transportation may be provided. To receive transportation reimbursement for covered Medicaid services, providers must enroll with the Department of Public Aid as "providers of transportation services" and directly bill the Department of Public Aid.~~

(Source: Repealed at 19 Ill. Reg. 16178, effective NOV 28 1995)

SUBPART D: CLINIC SERVICES

Section 132.115 Provisions

a) Providers which are certified and enrolled to provide Medicaid community mental health services under the Medicaid clinic services option shall comply with the following:

1) A provider contracting with the Department, ~~or~~ DCFS or DOC must directly provide mental health assessment, ITP development, review, modification and psychiatric treatment as specified in this Subpart.

2) Clinic services shall be provided to clients with a diagnosis of mental illness as defined in Section 132.25 and whose level of role functioning is impaired ~~as indicated by a GAF or CGAS score of 70 or below~~.

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3) Following an assessment, clinic services shall be prescribed by and provided under the direction of a physician.

4) Clinic services shall be delivered by a physician or by QMHP(s) and MHP(s) under physician direction pursuant to subsection (b) of this Section ~~below~~.

b) The provider shall ensure that physician direction of clinic services shall include the assumption of professional responsibility by the physician for the formulation of, approval of, or involvement of the physician in each client's ITP within 45 days from the date of completing the mental health assessment. The physician must document his or her direction by signing and dating his or her approval on the ITP or by signing a clinical note indicating concurrence with the ITP in the client's clinical record. Such review and approval of the ITP shall occur whenever there is a modification in the ITP or at least once every six months for all clients, whichever comes first. If the physician is not a psychiatrist, the physician must have access to a psychiatrist. If the physician is directing services for children, the physician must have one year of experience in the treatment of children and adolescents. To fulfill the requirements of physician direction, the physician must see the client at least once.

c) All Medicaid community mental health services delivered pursuant to this Section shall be provided at a certified clinic site except as follows:

1) Clinic services may be provided to homeless persons in any setting(s) where the homeless individual to be served is located.

2) Crisis assessment and crisis intervention services may be initiated at non-clinic sites for a Medicaid-eligible client when such services are not provided in the client's residence, are urgently needed, and when it is apparent that follow-up psychiatric treatment or other clinic services may be deemed necessary.

d) The Department, ~~or~~ DCFS or DOC may grant a waiver of subsection (a)(1) of this Section ~~above~~, if it deems that such waiver increases the availability of clinic services to Medicaid-eligible clients.

e) Enrolled providers must obtain certification for all mental health clinic services within 12 months after the provider's initial certification unless waived by the Department or DCFS. The provider shall enroll for certification of remaining services, using forms prescribed by the Department or DCFS. Services shall be certified based on compliance with the requirements of this Subpart. Such compliance will be determined through a retrospective review of Medicaid-eligible client records, utilization review documents and the inspection of the provider's site(s).

~~f) In addition to the mental health interventions, transportation may be provided to or arranged for clients as part of specific service categories listed in this Section, as necessary, for the receipt of mental health services. This may be provided following the development of an ITP for the duration of the service period or~~

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~~immediately--in--a--crisis--situation--for--the-duration-of-the-crisis service-period.--Persons-other-than-QMHP's-and-MHP's-may-transport-the client.--Transportation-for--the--accompanying--parent,--guardian,--or caregiver--of--a--minor-client-may-also-be-provided-as-necessary.--The Department-or-DCFS-will-consider--transportation--necessary--when--the client--is-otherwise-unable-to-obtain-services,-to-assure-provision-of services,-to-assure-the-safety-and-well-being--of--the--client--(e.g.,-transfer-of-a-client-in-crisis-to-a-hospital),-when-access-to-services is-limited-by-unavailability-of-alternative-transportation-or-economic distress-(i.e.,-the-client-lacks-funds-for-transportation).~~

(Source: Amended at 19 Ill. Reg. 16178, effective ~~NOV 2 8 1995~~)

Section 132.120 Service needs evaluation

a) The provider shall insure that an individual requesting Medicaid community mental health services, or any individual who has been referred by order of a court, or any individual referred pursuant to a recommendation resulting from an early and periodic screening, diagnosis and ~~the~~ treatment (EPSDT) examination shall receive an assessment of his or her need for mental health services. The assessment process may include a mental health assessment, a psychological assessment and/or a psychiatric evaluation. The assessment process shall result in a determination of the need for mental health services and the type of Medicaid community mental health services required and shall ensure the appropriateness of admission for inpatient psychiatric hospitalization ~~by--examining--and exhausting--all--other-less-restrictive-alternatives-available-to-meet the-client's-needs~~.

b) The service needs evaluation shall include a face-to-face or personal contact interview with the client and/or collaterals, as indicated.

~~c) The--service--needs--evaluation-shall-be-initiated-within-five-working days-after-the--request--or--referral,--or--immediately--in--a--crisis situation-as-specified-in-Section-132.135(b).~~

c)~~d)~~ A client shall receive a mental health assessment prior to the development and implementation of the ITP. If the client is determined to be in need of immediate crisis intervention services, a mental health assessment shall not be required prior to the initiation of crisis services.

d)~~e)~~ Prior to the initiation of ~~the~~ mental health services ~~assessment~~, the provider shall obtain written consent from the client and/or the client's guardian, if applicable, unless the client is determined to be in need of crisis intervention services~~,~~ or if the assessment is court-ordered for the client. Individuals who participate in treatment services are deemed to have consented; oral consent shall also be documented in the clinical record.

e)~~f)~~ The mental health assessment shall include, at a minimum, the assessment and written report of the following:

1) Identifying information (see Section 132.100(a));
2) Extent, nature, and severity of presenting problem(s);
3) Personal and family history including the history of mental illness in the family;
4) Cognitive functioning (attention, memory, information, attitudes), perceptual disturbances, thought content, speech, and affect; and an estimation of the ability and willingness to participate in treatment;
5) History of mental health treatment;
6) Present level of functioning including social adjustment and daily living skills;
7) Legal status (guardianship, representative payee, trust beneficiary, pending court order);
8) Level of education and/or specialized training, if applicable for adults;
9) Previous employment, acquired vocational skills, and activities/interests, if applicable;
10) History of and/or current alcohol or chemical dependency;
11) Previous and current psychotropic medications, last physical examination, and any known medical problems; and
12) Resource availability (income entitlements, health care benefits, subsidized housing, social services, etc.).

f)~~g)~~ During the mental health assessment, the client and the client's guardian, if applicable, shall be apprised of the client's rights in accordance with Chapter 2 of the Code.

g)~~h)~~ Responsibility for the completed mental health assessment shall be conducted by a QMHP who has had, at a minimum, one face-to-face contact with the client, his or her family, and the client's guardian, if applicable, at the client's request or by agreement of the client, during which the family was given the opportunity to provide pertinent information or support. Other mental health professionals who are under the direct supervision of a QMHP may participate in the mental health assessment pursuant to Section 132.115. The mental health assessment shall not require physician prescription and direction.

h)~~i)~~ The results of a mental health assessment shall be reviewed by the directing physician and documented by a signature on the ITP. The directing physician shall make a determination if a psychiatric evaluation and/or psychological assessment is necessary in order to develop the client's ITP. The psychiatric evaluation, if applicable, shall be conducted by the physician on a face-to-face basis with the client. The psychological assessment, if applicable, shall be conducted by a licensed psychologist on a face-to-face basis with the client. If the mental health assessment is not conclusive and the client's diagnosis is deferred or a rule-out diagnosis is given, the provider has 45 days to determine the client's mental health needs and treatment. In instances when the diagnosis still cannot be determined or a rule-out diagnosis is given, the client's record must contain

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documentation as to what evaluations will be performed in order to provide a definitive diagnosis in the ITP.

i) ~~j)~~ The assessment report(s), including the mental health assessment and the psychiatric evaluation and psychological assessment, if applicable, shall be used in the development of the client's ITP.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.125 Treatment plan development and modification

a) The individual treatment plan (ITP) shall be developed with the participation of the client and the client's guardian, if applicable~~,~~ ~~,---The plan~~ shall be signed by ~~the client if 12 years of age or older or by the parent or legal guardian of a minor or by the legally appointed guardian of an adult who has been adjudicated as legally disabled,~~ the QMHP and the physician who is directing the formulation of the ITP~~,,---A copy of the signed plan shall be given to the client, if not clinically contraindicated,--and the client's parent or guardian,--if applicable,~~ and shall be incorporated in the client's clinical record.

b) The plan shall be signed by the client if the client is 12 years of age or older or by the parent or legal guardian of a minor or by the legally appointed guardian of an adult who has been adjudicated as legally disabled. A copy of the signed plan shall be given to the client, if not clinically contraindicated, and the client's parent or guardian, if applicable.

c) ~~b)~~ The provider shall explain to the client and to the client's guardian, if applicable, the process for the development and the contents of the ITP.

d) ~~c)~~ The ITP shall be developed within 45 days after the documented date of completing the mental health assessment. The ITP shall include a definitive diagnosis that has been determined using the DSM-IV ~~DSM-III-R~~ or the ICD-9-CM.

~~d) The ITP shall state the overall goals of treatment and shall indicate the specific mental health services to be provided, in accordance with the following:~~

~~1) Describe the mental health service needs of the client in relationship to the mental health service(s) to be provided;~~

~~2) Contain a statement relating to the goals, objectives and expected outcome(s) for the specific mental health service(s) provided to the client. The statement shall specify for each service:~~

~~A) Long-term goals and specific intermediate objectives stated sequentially;~~

~~B) Planned intervention related to accomplishing the objectives including the frequency, quantity and duration of services;~~

~~C) Date(s) on which each service objective was set and the~~

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~~expected length of service; and~~

~~D) Identification of the professional staff with responsibility for managing each service objective.~~

e) The ITP shall state the overall goals of treatment, indicate the specific mental health services to be provided and describe the mental health services needs of the client in relation to the mental health services to be provided including goals, objectives, expected outcome, date(s) on which each service objective was set and the anticipated time frame for achievement of each objective, frequency and responsible staff.

f) ~~e)~~ The ITP shall be under the direction of a physician, pursuant to Section 132.115. The QMHP shall participate in the development of the ITP under physician direction, pursuant to Section 132.115. Other mental health professionals who are under the direct supervision of the QMHP, pursuant to Section 132.120, may also participate in the development of the ITP.

g) ~~f)~~ Clients who receive more than one type of mental health service shall have an ITP developed, reviewed, and modified, as necessary, by the team of individuals responsible for providing the respective services.

h) ~~g)~~ The ITP shall be reviewed and modified, as necessary, but semi-annually at a minimum, for all clients and by the directing physician and the QMHP involved in the formulation, implementation, and supervision of the ITP.

i) ~~h)~~ If multiple Medicaid certified providers are providing mental health services to the same client under this Section, one master ITP shall be developed by the team of individuals responsible for providing the respective services.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.130 Psychiatric treatment

a) Service requirements
Psychiatric treatment services shall be provided to clients who require interpersonal therapy and/or psychotropic medication to promote growth in role functioning or to maintain role functioning in order to assist the client in functioning in the community.

b) Psychiatric treatment - psychotropic medication requirements include:

1) Psychotropic medication shall be prescribed by a physician licensed in accordance with the Medical Practice Act of 1987 who has conducted a psychiatric evaluation of the client, or in an emergency, is aware of the client's psychotropic medication history and the client's current level of functioning.

2) Psychotropic medication shall be administered by personnel licensed to administer medication pursuant to the ~~The~~ Illinois Nursing Act of 1987 and the Medical Practice Act of 1987.

3) Psychotropic medication shall be reviewed every 90 days, at a

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minimum, by the physician.

4) Psychotropic medication shall be monitored and training shall be provided to clients in the following areas, if prescribed by the treating physician:
   A) Psychiatric illness;
   B) Psychotropic medications, effects, side-effects, and adverse reactions;
   C) Self-administration of medications;
   D) Storage and safeguarding of medication; and
   E) Communicating with mental health professionals regarding medication issues.
5) Notation shall be made in the client's clinical record regarding psychotropic medication and other types of medication. Notations shall include:
   A) All medication being taken by the client;
   B) Current psychotropic medication: name, dosage, frequency, and method of administration;
   C) Activities implemented to address any problem(s) resulting from psychotropic medication administration; and
   D) A statement indicating that the client has been informed of the purpose of the psychotropic medication ordered and the side effects of the medication.
6) Psychotropic and other medication shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, security and in accordance with 77 Ill. Adm. Code 300.1640.
7) Psychotropic medication monitoring and training shall be provided by the physician, by a QMHP under the direction of a physician~~,~~ or by a MHP~~,~~ under the supervision of a QMHP pursuant to Section 132.115. The physician must designate, in writing, the professionals who provide medication monitoring and training services, as medication monitoring and training staff.

c) Psychiatric treatment - primary therapy shall include:
   1) Individual therapy;
   2) Group therapy; and
   3) Family therapy (includes couples' therapy and marital counseling).
d) The services shall be provided:
   1) Following a mental health assessment consistent with the client's ITP;
   2) On a face-to-face or personal contact basis with adult clients and their families at the client's request or agreement~~,~~ or with groups of clients~~,~~ or with a child or adolescent client and/or his or her family, or on behalf of a child or adult with the child's or adult's family based on the ITP; and
   3) In the provider's clinic.
e) Service eligibility and termination criteria
   1) Service eligibility criteria shall include a determination that the client's role functioning is impaired~~,~~ ~~is 70 or below, when not in crisis, as assessed using the GAF or CGAS Scales (see Section 132.135(b)(1))~~.
   2) Service termination criteria shall include:
      A) Determination that the client's level of role functioning and the personal distress level has improved and can be ~~has been~~ maintained consistent with the ITP; or
      B) Determination that the client's level of role functioning has significantly deteriorated to a degree where referral or a transfer to a more intensive mental health treatment is indicated; or
      C) Documentation in the client's clinical record that the client terminated participation in the program.
f) Staffing
   Psychiatric treatment services shall be delivered by or prescribed by a physician and delivered by a QMHP, or for psychotropic medication monitoring and training, an MHP under the supervision of a QMHP~~,~~ pursuant to Section 132.115.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.135 Crisis intervention

a) Service requirements
   1) Crisis intervention services shall be provided to clients who are experiencing a psychiatric crisis and a high level of personal distress to provide brief and immediate intensive treatment to reduce symptomatology, stabilize and restore the client to a previous level of role functioning and to assist the client in functioning in the community.
   2) Crisis intervention shall include:
      A) Immediate preliminary assessment;
      B) Therapy (brief and immediate); and
      C) Referral, linkage and consultation with other appropriate mental health services.
   3) Crisis intervention services shall provide immediate crisis assessment to ensure the appropriateness of admission for psychiatric hospitalization ~~by examining and exhausting all other less restrictive alternatives available to meet the client's needs~~.
   4) Services shall be provided on a face-to-face or personal contact basis, following, at a minimum, an assessment ~~(see Section 132.120(f))~~ of the need for Medicaid community mental health services. If an ITP does not already exist, a ~~A~~ preliminary ITP shall be developed and shall become a part of ~~incorporated into~~ the ITP~~,~~ if additional ~~continuing~~ Medicaid community mental health services are to be provided.

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5) Access, referral, and linkage with continuing mental health services shall be provided for clients in crisis, including residential crisis care, respite care, and/or inpatient psychiatric treatment, as determined by a QMHP under the supervision of a physician or prescribed by a physician.

b) Service eligibility and termination criteria
   1) Crisis intervention services shall be available to persons presenting an apparent need for immediate mental health services. Service eligibility criteria shall include:
      A) Determination of deterioration in one or more areas of role functioning within the past seven days which requires immediate resolution and stabilization to prevent further deterioration in role functioning; or
      B) Determination that acute symptomatology requires immediate stabilization to prevent substantial deterioration in role functioning and to relieve personal distress.
   2) Service termination criteria assessed by a QMHP under the supervision of a physician shall include:
      A) Determination that the crisis has been resolved and the client shows positive change toward restoration to a previous level of role functioning and/or decrease in personal distress and is not in need of further crisis mental health services; or
      B) Determination that the client has been stabilized but requires a transfer or referral to less intensive mental health treatment for continuing mental health services; or
      C) Determination that the client has not been stabilized and the client requires a transfer or referral to more intensive mental health treatment for continuing mental health services; or
      D) Documentation in the client's clinical record that the client terminated participation in the program.

c) Staffing
   1) Crisis intervention services shall be delivered by or prescribed by a physician and delivered by a QMHP pursuant to Section 132.115. Physician prescription, however, shall not be required prior to service initiation but shall be secured within 45 ~~five working~~ days after ~~of~~ service provision. The QMHP may also be assisted by other mental health professionals who are under the direct supervision of the QMHP pursuant to Section 132.115.
   2) Crisis intervention staff shall be selected for experience and acuity in mental health assessment, crisis intervention techniques, and effective clinical decision-making under emergency conditions.
   3) The number of crisis intervention staff shall be adequate to provide immediate crisis assessment, brief therapy~~,~~ and referral and linkage on a face-to-face basis during the regular hours of service operation and, at a minimum, provide crisis assessment

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and referral to mental health services, as necessary, after the regular hours of operation. Written agreements shall be established for referral of clients to crisis intervention services after regular operating hours, as necessary.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.140 Day treatment

a) Service requirements
   1) Day treatment shall include intensive stabilization and extended treatment and rehabilitation services provided on an integrated, comprehensive and complimentary schedule of psychiatric and psychosocial treatment modalities addressing at least three areas of functioning:
      A) Psychological;
      B) Interpersonal; and
      C) Primary role.
   2) Day treatment for individuals under the age of 21 years shall not include services that are educational in nature; for example, services identified in the individual education plan (IEP).
   3) Intensive stabilization and extended treatment and rehabilitation services shall include a range of therapeutic interventions provided in a therapeutic milieu following a mental health assessment, consistent with the client's ITP.
   4) Intensive stabilization services shall be available for a minimum of four hours a day, five days per week with a schedule of interventions focused on resolution or stabilization of short-term problems or crisis situations which, if not treated, would require inpatient psychiatric hospitalization including the provision of the following:
      A) Therapy (individual, group and family); or ~~and~~
      B) Occupational therapy (optional).
   5) Extended treatment and rehabilitation services shall be available for a minimum of four hours a day, five days a week with a schedule of interventions focused on the development, acquisition, enhancement and/or maintenance of interpersonal skills and living skills to restore client functioning and to facilitate re-entry into the family and community, including the provision of the following:
      A) Therapy (individual, group and family);
      B) Occupational therapy (optional); and
      C) Adaptive functioning, stabilization and developmental interventions.

b) Service eligibility and termination criteria
   1) Specific service eligibility criteria for intensive stabilization shall include determination that the client:

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A) Exhibits signs, symptoms and associated features of mental illness and has experienced deterioration in role functioning in one or more primary areas, which requires immediate intervention to prevent further deterioration and the need for 24-hour supervised treatment, e.g., hospitalization; or

B) Requires further continuation of treatment following hospitalization because symptoms persist and role functioning has not improved.

2) Specific service eligibility criteria for extended treatment and rehabilitation shall include a determination that:

A) The client's role functioning is impaired; and ~~70 or below as assessed using the GAF or CGAS Scales;~~

B) The client lacks independent adaptive functioning, and/or is unable to maintain community adjustment~~;~~ without structured intervention.~~;~~

~~C) The client has a sufficient level of stress tolerance to allow planned attendance and increasing participation in a structured extended rehabilitation program;~~

3) Termination criteria

A) General termination criteria for intensive stabilization shall include:

i) Determination that the client's level of acute distress/crisis has been resolved and previous role functioning restored consistent with ITP objectives; or

ii) Documentation in the client's clinical record that the client terminated participation in the program.

B) General termination criteria for extended treatment and rehabilitation shall include:

i) Determination that the client's level of role functioning has improved, and the rehabilitation services objectives have been obtained and maintained consistent with the ITP; or

ii) Determination that the client's level of role functioning~~;~~ ~~as assessed using the GAF or CGAS Scales;~~ has not improved or has deteriorated and the extended rehabilitation services objectives have not been obtained consistent with the ITP; or

iii) Documentation in the client's clinical record that the client terminated participation in the program.

c) Staffing

1) Intensive stabilization services shall be prescribed by a physician and delivered by a QMHP.~~;~~ ~~and~~ Extended ~~extended~~ treatment and rehabilitation services shall be prescribed by a physician and delivered by a QMHP, or by an MHP under the direct supervision of the QMHP~~;~~ pursuant to Section 132.115.

2) Intensive stabilization services shall have a minimum of one full-time equivalent (FTE) QMHP to every six adult clients (1:6) or 1:3 for child and adolescent clients~~;~~ based on average daily attendance calculated annually.

3) Extended treatment and rehabilitation services shall have a minimum of one FTE MHP to 10 adult clients (1:10) or 1:6 to child and adolescent clients~~;~~ based on average daily attendance calculated annually.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

SUBPART E: REHABILITATIVE SERVICES

Section 132.145 Provisions

a) Providers which are certified and enrolled to provide Medicaid community mental health services under the Medicaid rehabilitative service option shall comply with the following:

1) A provider contracting with the Department must, at a minimum, directly provide mental health assessment, ITP development, review, modification and at least one of the following:

A) Intensive stabilization services;

B) Extended treatment and rehabilitation services;

C) Psychosocial rehabilitation day program services;

D) Individual/family social rehabilitation; or

~~E) Community based rehabilitation; or~~

E)~~F)~~ Intensive family-based services for children and adolescents.

2) A provider contracting with the Department may subcontract for services identified in subsection (a)(1) of this Section. There shall be a written agreement between the provider and the subcontractor which defines their contractual agreement and assures the subcontractor's compliance with applicable service provisions of this Subpart. All subcontracts must be approved by and on file with the Department.

3)~~2)~~ A provider contracting with DCFS or DOC must provide directly or by subcontract rehabilitative services assessment, rehabilitative services ITP development, review, modification and at least one other rehabilitative service as specified in Section 132.155.

4)~~3)~~ A physician or LPHA shall be responsible for recommending medically necessary rehabilitative services.

5)~~4)~~ The provider shall ensure that clinical direction of specified rehabilitative services, including review and approval of the ITP or rehabilitative services plan, review and approval of modifications in the ITP or rehabilitative services plan, and periodic review of the client's progress is provided in accordance with Sections 132.150 and/or 132.155.

6)~~5)~~ All Medicaid community mental health services delivered pursuant

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to this Subpart may be provided on-site, in non-clinic locations and in other locations where the clients to be served are located.

b) The Department, ~~or~~ DCFS or DOC may grant a waiver of any of the services specified in subsection (a)(1) or (a)(2) of this Section ~~above~~, if it deems that such waiver increases the availability of rehabilitative services to Medicaid-eligible clients. The Department's waiver may include a substitution of other services as specified in Section 132.150, excluding Section 132.150(1) ~~f)~~.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.150 Rehabilitative mental health services

a) Services under this Section shall be provided to clients with a diagnosis of mental illness as defined in Section 132.25 and whose level of role functioning is impaired ~~as indicated by a GAF or CGAS score of 70 or below~~.

b) A physician or a LPHA shall provide clinical direction of the provision of rehabilitative mental health services which shall include review and approval of ITP development and modification. Such ITP shall be reviewed and modified, as necessary, but no less than once every six months.

c) Service needs evaluation

1) The provider shall ensure that an individual requesting Medicaid community mental health services, any client who has been referred by order of a court or any individual referred pursuant to a recommendation resulting from an early and periodic screening, diagnostic and treatment (EPSDT) examination, shall receive an evaluation of his or her need for mental health services. The service needs evaluation process may include a mental health assessment, a psychological assessment and/or a psychiatric evaluation. The service needs evaluation process shall result in a determination of the need for mental health services and the type of mental health services required and shall ensure the appropriateness of admission for inpatient psychiatric hospitalization ~~by examining and exhausting all other less restrictive alternatives available to meet the client's needs~~.

2) The service needs evaluation shall include a face-to-face or personal contact interview with the client and collaterals, as indicated.

~~3) The service needs evaluation shall be initiated within five working days after the request or referral, immediately in a crisis situation.~~

3) A client shall receive a mental health assessment prior to the development and implementation of an ITP. If the client is determined to be in need of immediate crisis intervention services, a mental health assessment shall not be required prior to the initiation of crisis services.

4) Prior to the initiation of ~~the~~ mental health services ~~assessment~~, the provider shall obtain written or oral consent from the client and/or the client's guardian, as applicable, unless the client is determined to be in need of crisis intervention services, or if the assessment is court-ordered for the client. Individuals who participate in treatment services are deemed to have consented; oral consent shall also be documented in the record.

5) The mental health assessment shall include, at a minimum, the compilation, assessment and written report of the following:

A) Identifying information (see Section 132.100(a));
B) Extent, nature, and severity of presenting problem(s);
C) Personal and family history including the history of mental illness in the family;
D) Cognitive functioning (attention, memory, information, attitudes), perceptual disturbances, thought content, speech, and affect, and an estimation of the ability and willingness to participate in treatment;
E) History of mental health treatment;
F) Present level of functioning including social adjustment and daily living skills;
G) Legal status (guardianship, representative payee, trust beneficiary, pending court order);
H) Level of education and/or specialized training, if applicable for adults;
I) Previous employment, the acquired vocational skills, and activities/interests, if applicable;
J) History of and/or current alcohol or chemical dependency;
K) Previous and current psychotropic medications, last physical examination, and any known medical problems;
L) Resource availability (i.e., income entitlements, health care benefits, subsidized housing, social services).

6) Responsibility for the completed mental health assessment shall be assumed by a QMHP who has had, at a minimum, one face-to-face contact with the client, his or her family, and the client's guardian, if applicable, at the client's request or by agreement of the client, during which the family was given the opportunity to provide pertinent information or support. An MHP(s) under the direct supervision of a QMHP may participate in the mental health assessment.

7) The mental health assessment may be initiated without the prior recommendation of the physician or LPHA.

8) The results of the mental health assessment shall be reviewed by the physician or LPHA and documented by signature on the ITP. The physician or LPHA shall determine if a psychiatric evaluation and/or a psychological assessment is necessary in order to

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develop the client's ITP. A psychiatric evaluation, if recommended, shall be conducted by the physician on a face-to-face basis with the client. A psychological assessment, if recommended, shall be conducted by a licensed clinical psychologist on a face-to-face basis with the client.

9~~10~~) The service needs evaluation report(s), including the mental health assessment, the psychiatric evaluation, if applicable, and the psychological assessment, if applicable, shall be used in the development of the client's ITP.

d) Treatment plan development, review and modification

1) The provider shall explain to the client and to the client's guardian, if applicable, the process for the development and the contents of the ITP.

2) The ITP shall be developed with the participation of the client and the client's guardian, if applicable~~,~~. ~~The plan~~ shall be signed by ~~the client if 12 years of age or older or by the parent or legal guardian of a minor or by the legally appointed guardian of an adult who has been adjudicated as legally disabled~~, the QMHP~~,~~ and the physician and/or LPHA who is directing ~~involved in~~ the formulation of the ITP~~.~~ ~~A copy of the signed plan shall be offered to the client, if not clinically contraindicated, and the client's parent or guardian, if applicable~~, and shall be incorporated in the client's clinical record.

3) The plan shall be signed by the client if the client is 12 years of age or older or by the parent or legal guardian of a minor or by the legally appointed guardian of an adult who has been adjudicated as legally disabled. A copy of the signed plan shall be given to the client, if not clinically contraindicated, and the client's parent or guardian, if applicable.

4~~3~~) The ITP shall be developed within 45 days after the documented date of completing the mental health assessment. The ITP shall include a definitive diagnosis that has been determined using the DSM-IV ~~DSM-III-R~~ or ICD-9-CM. If the diagnosis cannot be determined within 45 days or a rule-out diagnosis is given, the client's clinical record must contain documentation as to what evaluation(s) will be performed in order to provide a definitive diagnosis in the ITP.

~~4) The ITP shall state the overall goals of treatment and shall indicate the specific mental health services to be provided, in accordance with the following:~~

~~A) Description of the mental health service needs of the client in relation to the rehabilitative mental health service(s) to be provided;~~

~~B) Contain a statement relating to the goals, objectives and expected outcome(s) for the specific rehabilitative mental health service(s) provided to the client. The statement shall specify for each service:~~

~~i) Long term goals and specific intermediate objectives stated sequentially;~~

~~ii) Planned intervention related to accomplishing the objectives including the frequency, quantity and duration of services;~~

~~iii) Date(s) on which each service objective was set and the expected length of service; and~~

~~iv) Identification of the professional staff with responsibility for managing each service objective.~~

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5) The ITP shall state the overall goals of treatment, indicate the specific mental health services to be provided and describe the mental health services needs of the client in relationship to mental health services to be provided including goals, objectives, expected outcome, frequency and responsible staff.

6~~5~~) Responsibility for development of the ITP shall be assumed by a QMHP as documented by his or her signature on the ITP.

7~~6~~) A physician or LPHA shall provide the clinical direction of rehabilitative mental health services identified in the ITP as documented by his or her signature on the ITP. Such clinical direction includes reviewing the plan no less than once every six months and modifying the plan as necessary.

8~~7~~) Mental health professionals may participate in the development of the ITP.

9~~8~~) If multiple Medicaid certified providers are involved in providing mental health services to the same client under this Section, one master ITP shall be developed by the team of individuals responsible for providing the respective services.

e) Psychiatric treatment

1) Psychotropic medication requirements include:

A) Psychotropic medication shall be prescribed by a physician who has conducted a psychiatric evaluation of the client, or in an emergency, is aware of the client's psychotropic medication history and the client's current level of functioning.

B) Psychotropic medication shall be administered by personnel licensed to administer medication pursuant to the ~~The~~ Illinois Nursing Act of 1987 and the Medical Practice Act of 1987.

C) Psychotropic medication shall be reviewed every 90 days, at a minimum, by the physician.

D) Psychotropic medication monitoring and self-administration training shall be provided by clients in the following areas, if prescribed by the treating physician:

i) Psychiatric illness;

ii) Psychotropic medications, effects, side-effects, and adverse reactions;

iii) Self-administration of medications;

iv) Storage and safeguarding of medication; and/or

v) Communicating with mental health professionals

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regarding medication issues.

E) Notation shall be made in the client's clinical record regarding psychotropic medication and other types of medication. Notations shall include:
   i) All medication being taken by the client;
   ii) Current psychotropic medication: name, dosage, frequency~~,~~ and method of administration;
   iii) Activities implemented to address any problem(s) resulting from psychotropic medication administration; and
   iv) A statement indicating that the client has been informed of the purpose of the psychotropic medication ordered and the side effects of the medication.

F) Psychotropic and other medication shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, security and in accordance with the Department of Public Health's rules at 77 Ill. Adm. Code 300.1640.

G) Psychotropic medication monitoring and training shall be provided by the physician, by a QMHP under the direction of a physician, or by a MHP under the supervision of a QMHP. The physician must designate, in writing, the professionals who provide medication monitoring and training services, as medication monitoring and training staff.

2) Therapy or counseling shall include:
   A) Individual therapy or counseling;
   B) Group therapy or counseling; and
   C) Family therapy (includes couples' therapy and marital counseling) or family counseling.

3) The services shall be provided:
   A) Following a mental health assessment and consistent with the client's ITP; and
   B) On a face-to-face or personal contact basis with adult clients and their families, at the client's request or agreement~~,~~ or with groups of clients~~,~~ or with a child or adolescent client and his or her family, or on behalf of a child or adult with the child's or adult's family and based on the ITP~~.~~.

4) Service termination criteria shall include:
   A) Determination that the client's level of role functioning and the personal distress level have improved and can be ~~have been~~ maintained consistent with the ITP; or
   B) Determination that the client's level of role functioning has significantly deteriorated to a degree where referral or a transfer to a more intensive mental health treatment is indicated; or
   C) Documentation in the client's clinical record that the client terminated participation in the program.

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5) Psychiatric treatment services shall be provided in accordance with the following:
   A) Therapy services shall be provided by a QMHP; and~~.~~
   B) Counseling may be provided by a QMHP or MHP.

f) Crisis intervention
   1) Crisis intervention services shall be provided to clients who are experiencing a psychiatric crisis and a high level of personal distress to provide brief and immediate intensive treatment to reduce symptomatology, stabilize and restore the client to a previous level of role functioning and to assist the client in functioning in the community.
   2) Crisis intervention services shall include:
      A) Immediate preliminary assessment;
      B) Therapy or counseling (brief and immediate); and
      C) Referral, linkage and consultation with other appropriate mental health services.
   3) Crisis intervention services shall provide immediate crisis assessment to ensure the appropriateness of admission for psychiatric hospitalization ~~by examining and exhausting all other less restrictive alternatives available to meet the client's needs~~.
   4) Services shall be provided on a face-to-face or personal contact basis, following, at a minimum, an assessment of the need for mental health services. If one does not already exist, a A preliminary ITP shall be developed and shall become a part of ~~incorporated into~~ the ITP, if additional ~~continuing~~ mental health services are to be provided.
   5) Crisis intervention services may be initiated prior to development of the ITP. Referral and linkage with continuing mental health services shall be provided for clients in crisis, including residential crisis care, respite care~~,~~ and/or inpatient psychiatric treatment, as needed.
   6) Service eligibility and termination criteria
      A) Crisis intervention services shall be available to clients presenting an apparent need for immediate mental health services. Service eligibility criteria shall include:
         i) Determination of deterioration in one or more areas of role functioning within the past seven days which requires immediate resolution and stabilization to prevent further deterioration in role functioning; or
         ii) Determination that acute symptomatology requires immediate stabilization to prevent substantial deterioration in role functioning and to relieve personal distress.
      B) Service termination criteria shall include:
         i) Determination that the crisis has been resolved and the client shows positive change toward restoration to a previous level of role functioning and/or decrease

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in personal distress and is not in need of further crisis mental health services; or

ii) Determination that the client has been stabilized or ~~but~~ requires a transfer or referral to less intensive mental health treatment for continuing mental health services; or

iii) Determination that the client has not been stabilized and the client requires a transfer or referral to more intensive mental health treatment for continuing mental health services; or

iv) Documentation in the client's clinical record that the client terminated participation in the program.

7) Crisis intervention services may be delivered by a QMHP or an MHP with access to a QMHP who is available for immediate consultation and clinical supervision.

8) The number of crisis intervention staff shall be adequate to provide immediate crisis assessment, brief therapy or counseling, and referral and linkage on a face-to-face basis during the regular hours of service operation and, at a minimum, provide crisis assessment and referral to mental health services, as necessary, after the regular hours of operation. Written agreements shall be established for referral of clients to crisis intervention services after regular operating hours, as necessary.

g) Day rehabilitation treatment programs

1) Day rehabilitation treatment programs may include three levels of rehabilitative mental health services provided within a format of structured daily activities which are designed to promote improvement in psychological, interpersonal, and age-appropriate or independent role functioning which shall include intensive stabilization, extended treatment and rehabilitation and psychosocial rehabilitation. Such programs are specified as intensive stabilization services, extended treatment and rehabilitation services, or psychosocial rehabilitation day program services. Each service provides an integrated, comprehensive and complimentary schedule of psychiatric and/or psychosocial treatment modalities provided in a therapeutic milieu addressing at least three areas of functioning:

A) Psychological;

B) Interpersonal; and

C) Age-appropriate or independent role functioning.

2) Day rehabilitation treatment programs for individuals under the age of 21 years shall not include services that are educational in nature; for example, services identified in the individual education plan (IEP).

3) Intensive stabilization and extended treatment and rehabilitation services shall include a range of therapeutic interventions provided following a mental health assessment and consistent with

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the client's ITP.

4) Intensive stabilization services shall be available for a minimum of four hours a day, five days a week with a schedule of interventions focused on resolution or stabilization of short-term problems or crisis situations which, if not treated, would require inpatient psychiatric hospitalization including the provision of the following:

A) Therapy (individual, group and family); or ~~and~~

B) Occupational therapy (optional).

5) Extended treatment and rehabilitation services shall be available for a minimum of four hours a day, five days a week with a schedule of interventions focused on the development, acquisition, enhancement and/or maintenance of interpersonal and adaptive functioning to restore client functioning, and to facilitate re-entry into the family and community, including the provision of the following:

A) Therapy (individual, group and family);

B) Occupational therapy (optional); and

C) Adaptive functioning, stabilization and developmental interventions.

6) Psychosocial rehabilitation day program services shall be available for a minimum of four hours a day, five days a week. Individuals participate in services based on their individualized needs consistent with their ITPs.

7) Psychosocial rehabilitation day program services include provision of core service elements which address age-appropriate or independent role functioning and include:

A) Individual or group counseling;

B) Individual or group adaptive functioning, stabilization, and developmental interventions; and

C) Community integration and reintegration.

8) Service eligibility and termination criteria

A) Specific service eligibility criteria for intensive stabilization shall include determination that the client:

i) Exhibits signs, symptoms and associated features of mental illness and has experienced deterioration in role functioning in one or more primary areas, which requires immediate intervention to prevent further deterioration and the need for 24-hour supervised treatment, e.g., hospitalization; or

ii) Requires further continuation of treatment following hospitalization because symptoms persist and role functioning has not improved.

B) Specific service eligibility criteria for extended treatment and rehabilitation services and psychosocial rehabilitation day program services shall include a determination that the client lacks independent living skills and/or is unable to maintain community adjustment without structured

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intervention.~~:~~

~~i) The client lacks independent living skills, and/or is unable to maintain community adjustment without structured intervention; or~~

~~ii) The client has a sufficient level of stress tolerance to allow planned attendance and increasing participation in a structured extended rehabilitation program.~~

C) General termination criteria for intensive stabilization shall include:

i) Determination that the client's level of acute distress/crisis has been resolved and previous role functioning restored consistent with ITP objectives; or

ii) Documentation in the client's clinical record that the client terminated participation in the program.

D) General termination criteria for extended treatment and rehabilitation services and psychosocial rehabilitation day program services shall include:

i) Determination that the client's level of role functioning has improved, and the rehabilitation services objectives have been obtained and maintained consistent with the ITP; or

ii) Determination that the client's level of role functioning~~, as assessed using the GAF or CGAS Scales,~~ has not improved or has deteriorated and the extended rehabilitation services objectives have not been obtained consistent with the ITP; or

iii) Documentation in the client's clinical record that the client terminated participation in the program.

9) Staffing

A) Intensive stabilization services shall be delivered by a QMHP. Extended treatment and rehabilitation services may be delivered by a QMHP or MHP. Psychosocial rehabilitation day program services may be delivered by an MHP.

B) Intensive stabilization services shall have a minimum of one full-time equivalent (FTE) QMHP to every six adult clients (1:6) or 1:3 for child and adolescent clients, based on average daily attendance calculated annually.

C) Extended treatment and rehabilitation services shall have a minimum of one FTE MHP to 10 adult clients (1:10) or 1:6 for child and adolescent clients, based on average daily attendance calculated annually.

D) Psychosocial rehabilitation day program services shall have a minimum of one FTE MHP to 15 clients (1:15) based on average daily attendance calculated annually.

h) Individual/family social rehabilitation

1) Services shall be delivered following a mental health assessment,

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and shall be ~~in~~ goal directed~~, sessions using~~ clearly defined ~~formats,~~ and be focused on improving adaptive functioning deficits identified in the ITP.

2) Services shall be provided individually or in a group setting on a face-to-face basis with the client or with the client and/or the client's family.

3) Service eligibility shall include a determination that the client or the client and the client's family has adaptive functioning deficits for which social rehabilitation is the appropriate intervention.

4) Service termination criteria shall include a determination that the service objectives have not and/or are unlikely to be met through continuation of this service or documentation in the client's clinical record that the client terminated participation in the program.

5) Client/family social rehabilitation services shall be provided by MHP(s).

i) Rehabilitative stabilization services ~~Community based rehabilitation in order to provide community based rehabilitation, the provider shall be licensed in accordance with 59 Ill. Adm. Code 115 (Standards and Licensure Requirements for Community Integrated Living Arrangements);~~

1) Rehabilitative stabilization services shall be provided in accordance with specifications in the ITP in order to develop or maintain an adult's or child's functioning.

2) Rehabilitative stabilization activities may include:

A) Parental functioning development;

B) Individual functioning development;

C) Self-management functioning development;

D) Parent-child interaction functioning development or sibling interaction functioning development;

E) Self-management development; and

F) Family management development.

3) Responsibility for the provision of rehabilitative stabilization services shall be assumed by a person with no less than two years of human services experience or by an RSA.

j) Developmental rehabilitative services

1) Developmental rehabilitative services shall be provided in accordance with an ITP to restore a child or adolescent to a maximum level of functioning.

2) Developmental rehabilitative services may include time spent in activities using art, music, drama, play or recreation either individually or as a group activity.

3) Responsibility for the provision of developmental rehabilitative services shall be assumed by an RSA.

4) This service is restricted to a child who resides in a specialized substitute care living arrangement and is receiving comprehensive mental health services under subsection (k) of this Section.

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k) Comprehensive mental health services
  1) Comprehensive mental health services shall be provided to eligible children in accordance with the child(ren)'s ITP for the purpose of behavioral functioning changes which are necessary for the child(ren)'s day-to-day functioning.
  2) Comprehensive mental health services may be provided to a child receiving care or services in a specialized substitute care living arrangement supervised by a certified provider which is under contract to the Department, DCFS or DOC to provide specialized substitute care.
  3) Comprehensive mental health services may include any of the services described in this Section and in Section 132.165.
  4) Comprehensive mental health services shall be provided by individuals possessing the required qualifications for each discrete service.

~~k~~l) Client-centered consultation
  1) Is provided on a face-to-face or personal contact basis for the purpose of implementing and/or evaluating the implementation of the client's ITP.
  2) May include:
    A) A scheduled meeting or conference for professional communication among ~~between~~ provider staff, ~~and~~ staff of other agencies, and child care ~~child-caring~~ systems including school personnel or other professionals involved in the treatment process.
    B) A scheduled meeting or conference for professional communication between provider staff and family members involved in the treatment process.
  3) Must be provided in conjunction with one or more rehabilitative mental health services as specified in this Section and ~~may be provided without prior authorization~~ in accordance with the ITP ~~up to 12 hours per year~~.
  4) Does not include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process.
  5) May be provided by a QMHP or MHP.

~~l~~m) Intensive family-based services for children and adolescents
  1) Intensive family-based services:
    A) Shall be provided to a child or adolescent with a mental illness and to his or her other family members as needed to support the rehabilitation and restoration of the child or adolescent to an optimal level of functioning and to reduce the risk of more restrictive treatment for the child or adolescent such as psychiatric hospitalization;
    B) Are concentrated therapeutic activities which may include:
      i) One-to-one counseling for therapeutic activities;
      ii) Counseling related to ITP goals and objectives;

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      iii) Individual/family social rehabilitation related to the child's emotional deficits;
      iv) Counseling in behavioral management; and
      v) Assistance in household management related to the provision of mental illness-related care services for the child;
    C) Are generally provided in-home or at other off-site locations and are made available when and where the needs of the child and family can best be met; and
    D) Must be provided in conjunction with other rehabilitative mental health services and are primarily used as a catalyst to stabilize acute crisis situations and/or to diffuse or avert a family crisis.
  2) A client 17 years of age or younger and his or her family are eligible for services when the level of the client's or his or her family's role functioning requires in-home or other intensive therapeutic interventions to avoid more restrictive services such as inpatient hospitalization or other out of home placement.
  3) Generally termination criteria for intensive family based services shall include a determination that the child's and his or her family's level of role functioning has improved or has been stabilized to allow for transfer or referral to less intensive rehabilitative mental health services or case closure.
  4) Services may be provided by an MHP.

n) Assertive community treatment (ACT)
  1) ACT is an inclusive array of community-based rehabilitative mental health services and supportive services for persons with serious mental illness who have a history of high use of psychiatric hospitalization and therefore require a well coordinated and integrated package of services, provided over an extended duration, in order to live successfully in the community of their choice.
  2) Eligibility criteria
    A) Adult (18 and over) with frequent, lengthy or repeated admissions to State-operated facilities who meet one of the following criteria:
      i) Three or more hospitalizations in a State-operated facility in the past 12 months,
      ii) Five or more hospitalizations in a State-operated facility in the past 24 months, or
      iii) 180 days total length of stay in the past 12 months.
    B) The Department may authorize ACT services for other specific target populations (e.g., persons who are homeless, who have a severe and persistent mental illness) or individuals based on the need for assertive community treatment level services.
  3) Termination criteria
  Individuals may be served for as long as their needs dictate.

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However, if any individual consistently refuses to participate for a period of six months, he or she may be placed on an "inactive roster" and may be re-activated as needed.

4) The ACT team shall assume responsibility for assisting the individual to achieve, most importantly, decreased hospitalization and improved community functioning, to include:
   A) Stabilizing the living arrangement, including obtaining and maintaining housing and other basic necessities, i.e., food and clothing, assisting the individual to obtain and maintain community living arrangements which afford safety and basic comforts, and providing ongoing services to ensure maintenance of the living arrangement during periods of institutional care, such as paying the rent and utilities;
   B) Medication, including medication evaluation, education, prescription, administration, self-administration monitoring and training (including delivery of medication as necessary). This further includes observing and reporting effects and side effects of prescribed medication;
   C) Money management, providing assistance in money management, budgeting, and applying for financial entitlement, including becoming the representative payee; and
   D) General health, vision, hearing and dental, including access to services for assessment, on-going treatment, follow-up, medication management and compliance, providing training in obtaining medical services in emergencies and non-emergency situations.
5) The ACT team will include but not limit itself to the following activities:
   A) Linking individuals with resources and services;
   B) Providing supportive counseling and problem-solving;
   C) Assistance on an on-going basis and in times of crisis, including 24 hour crisis response;
   D) Providing personal support and assistance in gaining access to other mental health treatment and rehabilitation services, vocational training, educational services, legal services, employment opportunities, leisure, recreation, religious and social activities and self-help groups;
   E) Maintaining on-going involvement with the individual during stays in other environments such as State-operated facilities, convalescent care facilities, community hospitals or rehabilitation centers;
   F) Accessing and providing training in obtaining medical services, emergency and non-emergency;
   G) Advocating on behalf of the individual;
   H) Providing information and educational and advocacy services to family members;
   I) Developing natural community supports and fostering relationships with non-paid persons in the community such as neighbors, landlords and volunteers;
   J) Assisting individuals with activities of daily living through skills training and acquisition of assistive devices; and
   K) Providing or assisting with transportation.
6) Staff qualification
   The ACT team shall include a multi-disciplinary mix including mental health professionals and substance abuse treatment professionals. The team shall include a psychiatrist, a QMHP, and mental health professionals and may include RSAs. It is highly desirable to include a nurse and a certified alcoholism and other drug counselor, certified by the Illinois Alcohol and Other Drug Abuse Professional Association, Inc., as part of the team.
7) Service requirements
   A) ACT services shall be provided on a face-to-face or personal contact basis, with the client or on behalf of clients, with involved others, for the purpose of gaining access to treatment, rehabilitation and support services.
   B) Services may be provided following a determination of eligibility for ACT services and may commence prior to the completion of a comprehensive assessment and the development of the individual treatment plan when immediate assistance is needed to obtain food, shelter and clothing.
   C) Services shall be provided under the direction of a LPHA which is demonstrated by the LPHA's signature on the individual treatment plan.
   D) The individual treatment plan shall be developed within 45 days after completing the assessment.
   E) Case management may not be billed in combination with ACT services.
   F) A staff to client ratio of no more than 1:10 to 1:15 shall be maintained.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.155 Family intervention, stabilization and reunification services

a) Services under this Section are provided to clients with substantial impairment in role functioning as indicated by an ICD-9-CM diagnosis and whom who DCFS has determined require services pursuant to one of its legal mandates for the purpose of assuring the protection and permanency of one or more child or adolescent members of the family, and who meet one or more of the following conditions:
   1) A child for whom DCFS is legally responsible and who is placed in a relative foster home, a licensed foster home, group home or, as permitted by federal law, a child care institution, or an

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undomiciled child, when ~~and~~ the child has been determined to:

A) Be demonstrating behavioral and/or emotional responses so different from generally accepted age-appropriate, ethnic or cultural norms as to result in a significant impairment in self-care, social relationships, educational progress and behavior, work adjustment or family (or equivalent) adjustment; or

B) Be at risk or has actually experienced separation from his or her family.

2) Members of the family of a child described in subsection (a) (1) of this Section ~~above~~ when involvement of the child's family in services is identified as directly related to the child's problems and is also identified in the child's rehabilitative services plan.

3) A child for whom DCFS is legally responsible or any ~~an~~ other child served by DCFS who resides with his or her parent or guardian and the child meets one of the criteria listed in subsection (a)(1) of this Section ~~above~~.

4) Members of the family served by DCFS when the child who meets one of the criteria in subsection (a)(1) of this Section ~~above~~ is residing with his or her parent or guardian and involvement of the family in services is directly related to resolving the child's problems as identified in the child's rehabilitative services plan.

b) Services under this Section are provided to DOC youths with substantial impairments in role functioning as indicated by an ICD-9CM diagnosis, who DOC has determined require services, and who demonstrate behavioral and/or emotional responses so different from generally accepted age-appropriate, ethnic or cultural norms as to result in a significant impairment in self-care, social relationships, educational progress and behavior work adjustment or family (or equivalent) adjustment.

c)~~b~~) When the parent or guardian with whom the child resides has a DSM-IV~~,~~ ~~DSM-III-R~~ diagnosis of mental illness~~, a GAF score of 70 or less,~~ and successful treatment of the illness is essential for the child's protection and/or permanency, services shall be provided in accordance with Section 132.150.

d)~~c~~) Rehabilitative assessment

1) A rehabilitative assessment shall be initiated within 45 ~~five~~ working days after a written referral or a verbal request which is confirmed in writing within 48 hours.

2) The rehabilitative assessment shall include a face-to-face or personal contact interview with the client and collaterals, as indicated.

3) A psychiatric evaluation, if applicable, shall be conducted by a physician on a face-to-face basis with the client.

4) A psychological assessment, if applicable, shall be conducted by a licensed clinical psychologist on a face-to-face basis with the client.

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5) The rehabilitative assessment shall include at a minimum the items identified in Section 132.150(c)(6).

6) When the rehabilitative assessment results in the determination that additional services under this Section are required, such services shall be recommended by a physician or a LPHA.

7) Responsibility for the completed rehabilitative assessment shall be assumed by staff possessing a master's degree in human services or a bachelor's degree ~~in human services~~ and having five years of human services experience who may be assisted by staff with a minimum of a bachelor's degree ~~in human services~~. A minimum of one face-to-face contact with the client and his or her family, and the client's guardian, if applicable, at the client's request or by agreement of the client, when the family can provide pertinent information or support, is required by the staff responsible for completing the rehabilitative services assessment.

8) A client determined to be in need of rehabilitative services shall receive a rehabilitative assessment prior to the determination of the specific rehabilitative services and the initiation of services. If the client is determined to be in need of immediate rehabilitative crisis intervention and stabilization services pursuant to subsection (f) of this Section ~~below~~, a rehabilitative assessment shall not be required prior to the initiation of rehabilitative crisis intervention and stabilization services.

e)~~d~~) Rehabilitative services plan development, review and modification

1) The rehabilitative services plan shall be developed with the participation of the client and the client's guardian, if applicable. The plan shall be signed by the client, if 12 years of age or older, or by the parent or legal guardian of the minor client, the staff who developed the plan and the physician, LPHA or QMHP. A copy shall be given to the client, if not contraindicated, and the client's parent or guardian, if applicable, and incorporated in the client's ~~client~~ record.

2) The rehabilitative services planning process consists of~~:~~ face-to-face contacts, collateral contacts and meetings with the client.

3) The rehabilitative services plan shall be developed within 45 days after the documented date of completing the rehabilitative services assessment. The rehabilitative services plan shall include a diagnosis as specified in the DSM-IV ~~DSM-III-R~~ or ICD-9-CM.

4) The rehabilitative services plan shall state the overall goal of the services, identify the specific rehabilitative services to be provided, the duration of services and the anticipated outcomes.

5) Responsibility for development of the rehabilitative services plan shall be assumed by staff having at least a bachelor's

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degree ~~in--human--services~~ with two years of human services experience.

6) The planning process for clients who also receive rehabilitative services under Section 132.150 shall comply with the provisions of Section 132.150(d).

7) A physician, LPHA or QMHP shall provide ongoing clinical direction of family intervention, stabilization and reunification services identified in the rehabilitative services plan. Such clinical direction includes reviewing the plan no less than once every six months and modifying the plan, as necessary.

8) A physician or a LPHA shall determine the continuing necessity for services under this Section at least annually.

9) If multiple Department or DCFS Medicaid certified providers are involved in providing services described in this Section, one master rehabilitative services plan shall be developed by the team of individuals responsible for providing the respective services.

f)~~e)~~ Rehabilitative counseling

1) Rehabilitative counseling shall be provided in accordance with a rehabilitative services plan for the purpose of behavioral or functional changes in the eligible adult or child which are necessary for the individual's day-to-day functioning.

2) Rehabilitative counseling activities may include individual, group or family counseling.

3) Responsibility for the provision of rehabilitative counseling shall be assumed by an individual possessing at least a bachelor's degree in human services with one year of human services experience.

g)~~f)~~ Rehabilitative crisis intervention and stabilization

1) Rehabilitative crisis intervention and stabilization services shall be provided to all eligible clients who are experiencing an acute crisis which threatens safety or functioning, or extrusion from the family.

2) Rehabilitative crisis intervention and stabilization shall include:

A) Immediate preliminary assessment;

B) Counseling; and

C) Referral to other applicable medically necessary rehabilitative services.

3) The rehabilitative crisis intervention and stabilization process consists of face-to-face or personal contact intervention with a client~~,~~ and short-term placement prevention services.

4) Rehabilitative crisis intervention and stabilization services shall be delivered by staff possessing a bachelor's degree in human services with one year of human services experience. Pre-psychiatric hospitalization screening shall be handled only by a QMHP or by an MHP with access to a QMHP who is available for immediate consultation and clinical supervision.

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h)~~g)~~ Rehabilitative consultation and review

1) Rehabilitative consultation and review activities are provided in accordance with a rehabilitative services plan.

2) Rehabilitative consultation and review activities may include:

A) Scheduled or unscheduled multidisciplinary case consultations with other external or internal professionals or agencies;

B) Attendance at and participation in required DCFS or DOC case reviews including administrative case reviews; and

C) Participation in scheduled court hearings.

3) Responsibility for rehabilitative consultation and review activities is limited to:

A) Staff serving as case managers/lead workers and their supervisors;

B) Staff meeting as part of a multidisciplinary consultation team; and/or

C) Staff participating in required DCFS or DOC reviews, including administrative case reviews.

i)~~h)~~ Rehabilitative stabilization services

1) Rehabilitative stabilization services shall be provided in accordance with specifications in a rehabilitative services plan in order to develop or maintain an adult's or child's functioning.

2) Rehabilitative stabilization activities may include:

A) Parental functioning development;

B) Individual functioning development;

C) Self-management functioning development;

D) Parent-child; interaction functioning development or sibling interaction functioning development;

E) Self-management development; and

F) Family management development.

3) Responsibility for the provision of rehabilitative stabilization services shall be assumed by a person with no less than two years of human services experience or by a rehabilitative services associate (RSA).

j)~~i)~~ Developmental rehabilitative services

1) Developmental rehabilitative services shall be provided in accordance with a rehabilitative services plan to restore a child or adolescent to a maximum level of functioning.

2) Developmental rehabilitative services may include time spent in activities using art, music, drama, play or recreation either to individuals or as a group activity.

3) Responsibility for the provision of developmental rehabilitative services shall be assumed by an individual possessing a bachelor's degree ~~in the specific area~~ plus no less than ~~at least~~ two - years of human services experience or by an RSA ~~in the specific area~~.

k) Comprehensive rehabilitative services

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1) Comprehensive rehabilitative services shall be provided to eligible children in accordance with the children's ITP or rehabilitative services plan for the purpose of behavioral or functional changes which are necessary for the children's day-to-day functioning.
2) Comprehensive rehabilitative services may be provided to a child receiving care or services in a specialized substitute care living arrangement.
3) Comprehensive rehabilitative services may include any of the services described in subsections (a) through (j) of this Section and Section 132.170.
4) Comprehensive rehabilitative services shall be provided by individuals possessing the required qualifications for each discrete service.

l) Short-term diagnostic and rehabilitative services
1) Short-term diagnostic and rehabilitative services shall be provided to eligible children for the purpose of behavioral or functional changes which are necessary for the child's day-to-day functioning.
2) Short-term diagnostic and rehabilitative services may be provided to a child receiving care or services in a specialized substitute care living arrangement.
3) Short-term diagnostic and rehabilitative services may included any of the services described in subsections (a) through (j) of this Section and Section 132.170.
4) Short-term diagnostic and rehabilitative services shall be provided by individuals possessing the required qualifications for each discrete service.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

SUBPART F: CASE MANAGEMENT SERVICES

Section 132.160 Provisions

A provider contracting with the Department, ~~or~~ DCFS or DOC and certified under Subpart D or E of this Part may apply for certification in accordance with the provisions of this Subpart.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.165 Mental health case management services

a) Mental health case management services may be provided to any individual who has a mental illness and who is receiving services or who has refused services as prescribed in accordance with Subpart D or

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E of this Part ~~who has a mental illness~~.

b) Mental health case management activities shall include:
1) Linkage with a continuum of mental health services;
2) Linkage with basic resources, which may include:
A) Applying for financial, medical and other public entitlements;
B) Locating housing;
C) Obtaining medical and dental care; and
D) Obtaining other social, educational, vocational, and recreational services;~~.~~
3) Client-specific advocacy and assistance with problem solving/resolution to assist the client in building community support and family support systems; and
4) 24-hour crisis response availability, either directly or through written interagency agreements which assure that a QMHP or MHP assesses the situation and makes a determination of the proper course of action.

c) Mental health case management services shall be provided following a mental health assessment and be authorized consistent with the client's ITP (except that immediate assistance may be provided to obtain food, shelter and clothing without prior authorization, if needed) on a face-to-face basis or personal contact basis with the client, his or her family, or other persons (such as employees of the public aid offices, restaurants, or neighborhood centers), at the client's request or agreement or based on the ITP, primarily in the client's own home or other appropriate community locations.

d) Service eligibility criteria shall include a determination that:
1) The client is currently receiving or has refused mental health services in accordance with Subparts D or E of this Part and requires assistance in gaining access to social, educational, vocational, housing, public income entitlements and other community services to assist the client in functioning in the community.
2) The client is planned to be discharged from an inpatient psychiatric facility and may require linkage with a provider for continuing mental health services and community/family support~~,~~ and may be in need of immediate assistance in securing appropriate housing and income entitlements in order to function independently in the community.

e) Service termination criteria shall include:
1) Determination that the client's level of role functioning has improved and has been maintained consistent with the ITP, and that the client is no longer in need of advocacy to support adequate role functioning; or
2) Determination that the client has been successfully linked with appropriate mental health services and other basic services consistent with the ITP and is no longer in need of assistance or advocacy to maintain them. Successful linkage is

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person-to-person contact between a client and the staff of a community provider which has agreed to provide necessary services and the mutual agreement between a client and the staff of the community provider that appropriate services are available and are likely to meet the client's needs; or

3) Documentation in the client's record that the client terminated participation in the program.

f) Mental health case management services may be provided by a QMHP or ~~by~~ an MHP.

~~g) The annual maximum units for mental health case management services shall not exceed 240 hours and such units are billed in 15 minute increments.~~

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

Section 132.170 Rehabilitative case management

a) Services under this Section are provided to clients with substantial impairment in role functioning as indicated by an ICD-9-CM diagnosis and whom ~~who~~ DCFS has determined require services pursuant to one of its legal mandates for the purpose of assuring the protection and permanency of one or more child or adolescent members of the family~~,~~ and who meet one or more of the following conditions:

1) A child for whom DCFS is legally responsible who is placed in a relative foster home, a licensed foster home, group home or, as permitted by federal law, a child care institution, or an undomiciled child and the child has been determined to:

A) Be demonstrating behavioral and/or emotional responses so different from generally accepted age-appropriate, ethnic or cultural norms as to result in a significant impairment in self-care, social relationships, educational progress and behavior, work adjustment~~,~~ or family (or equivalent) adjustment; or

B) Be at risk or has actually experienced separation from his or her family.

2) Members of the family of a child described in subsection (a) (1) of this Section ~~above~~ when involvement of the child's family in services is identified as directly related to the child's problems and is also identified in the child's rehabilitative services plan.

3) A child for whom DCFS is legally responsible or other child served by DCFS who resides with his or her parent or guardian and the child meets one of the criteria listed in subsection (a)(1) of this Section ~~above~~.

4) Members of the family served by DCFS when the child who meets one of the criteria in subsection (a)(1) of this Section ~~above~~ is residing with his or her parent or guardian and involvement of

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the family in services is directly related to resolving the child's problem as identified in the child's rehabilitative services plan.

b) Services under this Section are provided to DOC youths with substantial impairments in role functioning as indicated by an ICD-9-CM diagnosis, who DOC has determined require services, and who demonstrate behavioral and/or emotional responses so different from generally accepted age-appropriate, ethnic or cultural norms as to result in a significant impairment in self-care, social relationships, educational progress and behavior work adjustment or family (or equivalent) adjustment.

c)~~b~~ When the parent or guardian with whom the child resides has a DSM-IV ~~DSM-III-R~~ diagnosis of mental illness, ~~a GAF score of 70 or less~~, and mental health case management services are needed to support the child's protection and/or permanency, services are to be provided in accordance with Section 132.165.

d)~~c~~ Rehabilitative services coordination

1) Rehabilitative services coordination shall be provided in accordance with a rehabilitative services plan to assist eligible adults and children access and participation in recommended rehabilitative services.

2) Rehabilitative services coordination activities may include all direct or collateral contacts, including problem-solving intervention of a short duration, with or on behalf of the eligible client, which are intended to coordinate the client's access to and receipt of recommended services.

3) Responsibility for the provision of rehabilitative services coordination shall be assumed by a person who has no less than two years of human services experience or a RSA.

e)~~d~~ Rehabilitative transition linkage and aftercare services

1) Rehabilitative transition linkage and aftercare services shall be provided to eligible children to assist in an effective transition in living arrangement consistent with the child's welfare and development.

2) Rehabilitative transition linkage and aftercare services activities may consist of the time spent:

A) Planning with staff of current or receiving living arrangements (including foster or legal parents as necessary);

B) Locating placement resources;

C) Arranging/conducting pre-placement visits; and

D) Developing an aftercare services plan.

3) Rehabilitative transition linkage and aftercare services responsibility shall be assumed by a person possessing at least a bachelor's degree ~~in human services~~ and one year of human services experience.

~~e) The annual maximum units for rehabilitative services coordination shall not exceed 240 hours and such units are billed in 15 minute~~

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~~increments.~~

~~f) The annual maximum units for rehabilitative transition linkage and aftercare services shall not exceed 40 hours and such units are billed in 15 minute increments.~~

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

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Section 132.APPENDIX A Medicaid Community Mental Health Services Application Components

The following items are required as attachments to the application pursuant to Section 132.30(g):

1. Detailed program description (including staff qualifications, dates and times of operations) for each service for which application is made.
2. Utilization review plan pursuant to Section 132.95.
3. A copy of a client record format including copies of all forms to be used.
4. If licensed or accredited, a copy of the applicant's most recent accreditation letter or license and, if applicable, the report of survey findings.
5. Documentation of compliance with State ~~state~~ and local ordinances and codes pursuant to Section 132.90 as they relate to fire and safety for all sites where Medicaid services are provided.
6. Documentation of compliance from a licensed plumber and electrician for all sites where Medicaid services are provided. (A statement from a local or municipal/county building inspector, a licensed architect, a licensed professional engineer, or an electrical contractor will meet this requirement.)
7. A copy of the applicant's financial audit for the last fiscal year if it is not on file with the Department, ~~or~~ DCFS or DOC.
8. Policy statements on:
   a. Third party payments (see Section 132.80(g));
   b. Written recommendation and clinical direction of services pursuant to Sections 132.115 and 132.145;
   c. How the applicant maintains business records which indicate financial arrangements between the applicant and other providers in the Medicaid community mental health services program and other entities which are necessary to maintain the program compliance (e.g., payments received) (see Section 132.85); and
   d. Confidentiality of client records (see Section 132.85).
9. The most recent contract which the applicant has with the Department or DOC for mental health services or DCFS for child welfare or youth services or with DOC for the provision of youth treatment, rehabilitative or transitional services.
10. A staffing roster which demonstrates the applicant's capacity to provide services in accordance with this Part.

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

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Section 132.APPENDIX B Utilization Parameters

Section 132.TABLE A Mental Health Clinic Program Client Services

SERVICE	MINIMUM UNIT BILLABLE*	AVERAGE UNITS PER SPECIFIED PERIOD	~~ANNUAL MAXIMUM UNITS~~
Mental health assessment	15 min	6 hours (per 6 months)	~~12 hours~~
Psychological assessment** (testing)		one assessment (per 12 months)	~~6 hours~~
Treatment plan (development and modification)	15 min	one hour (per 90 days)	~~12 hours~~
Psychotropic medication administration, ~~prescription,~~ review, and monitoring & training	15 min	2 hours (per 30 days)	~~24 hours~~
Crisis intervention	15 min	10 hours (per 30 days)	~~50 hours~~
Day treatment/intensive stabilization	1 hour	22 days (per 30 days)	~~176 hours~~
Day treatment/extended treatment and rehabilitation	1 day (4 hrs)	22 days (per 30 days)	~~880 hours~~
Adult psychiatric treatment			
individual therapy (60 min av)	15 min	4 hours	~~36 hours~~
family therapy (120 min av)		8 hours	~~72 hours~~
group therapy (90 min av)		7.5 6 hours (per 30 days)	~~54 hours~~
Children/adolescents psychiatric treatment			
individual therapy (60 min av)	15 min	8 hours	~~96 hours~~
family therapy (120 min av)		16 hours	~~193 hours~~

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group therapy (90 min av)	12 hours (per 30 days)	~~144 hours~~

* Billable to the nearest quarter hour, e.g., 55 minutes is billable to one hour or to the nearest hour for day treatment, that is ~~e.g.,~~ at 1/4 of the day rate, if the client does not attend the typical full 4 hour day which is billable at the all inclusive full day rate.

** ~~Psychological assessment shall be billed at the rate established for mental health assessment.~~

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

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Section 132.TABLE B Rehabilitative Mental Health Services

SERVICE	MINIMUM BILLABLE UNIT	MAXIMUM BILLABLE TIME/DAY	~~MAXIMUM BILLABLE TIME/YEAR~~
Mental health assessment	15 min.	~~45 min.~~	~~3 hours~~
Mental health social history	15 min.		~~9 hours~~
Psychological assessment	15 min.	~~45 min.~~	~~3 hours~~
Psychological standardized testing	15 min.		~~9 hours~~
Treatment plan development and modification	15 min.		~~24 hours~~
Medication administration, monitoring, or training	15 min		~~32 hours~~
Crisis intervention	15 min		~~60 hours~~
Adult psychiatric treatment			
Individual therapy	15 min.	~~45 min.~~	~~60 hours~~
Family therapy	15 min.	~~45 min.~~	~~104 hours~~
Group therapy	15 min.		~~196 hours~~
Individual counseling	15 min.		~~60 hours~~
Family counseling	15 min.		~~104 hours~~
Group counseling	15 min.		~~196 hours~~
Children/adolescents psychiatric treatment			
Individual therapy	15 min.	~~45 min.~~	~~120 hours~~
Family therapy	15 min.	~~45 min.~~	~~192 hours~~
Group therapy	15 min.		~~144 hours~~
Individual counseling	15 min.		~~120 hours~~
Family counseling	15 min.		~~192 hours~~
Group counseling	15 min.		~~144 hours~~
Rehabilitation day treatment			
Intensive stabilization	1 hour	8~~5~~ hours	~~176 hours~~
Extended treatment, rehabilitation	1 hour	8~~5~~ hours	~~1056 hours~~
Psychosocial rehabilitation	1 hour	8~~5~~ hours	~~1056 hours~~
Individual/family social rehabilitation	15 min.		~~120 hours~~
~~Community based rehabilitation~~	~~1 day~~		~~365 days~~
Client-centered consultation	15 min.		~~32 hours~~
Intensive family-based services	15 min.		~~400 hours~~

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Case management, mental health	15 min.	
Rehabilitative stabilization	15 min.	
Developmental rehabilitation services	15 min.	
Comprehensive mental health services	1 day	1 day
Assertive community treatment	15 min.	

(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

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Section 132.TABLE C Family Intervention, Stabilization and Reunification Services

SERVICE	MINIMUM BILLABLE UNIT	MAXIMUM BILLABLE TIME/DAY	~~MAXIMUM BILLABLE TIME/YEAR~~
Rehabilitative assessment	15 min	45 min.	~~3 hours~~
Mental health social history	15 min.		~~9 hours~~
Psychological assessment	15 min.	45 min.	~~3 hours~~
Psychological standardized testing	15 min		~~9 hours~~
Rehabilitative services plan development, review and modification	15 min.		~~24 hours~~
Rehabilitative counseling			
Individual	15 min		~~60 hours~~
Family	15 min		~~104 hours~~
Group	15 min		~~156 hours~~
Rehabilitative crisis			
Intervention, stabilization	15 min		~~60 hours~~
Pre-hospitalization screening	15 min.		
Rehabilitative stabilization			
Individual or group	15 min.		~~120 hours~~
Developmental rehabilitation Individual or group	15 min.		~~140 hours~~
Rehabilitation consultation, review	15 min.		~~32 hours~~
Rehabilitation services coordination	15 min.		~~240 hours~~
Rehabilitation transition linkage and aftercare	15 min.		~~40 hours~~
Comprehensive rehabilitative services	1 day	1 day	
Short-term diagnostic & rehabilitative services	1 day	1 day	

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(Source: Amended at 19 Ill. Reg. 16178, effective NOV 28 1995)

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1) Heading of the Part: Illinois Public Accounting Act

2) Code Citation: 68 Ill. Adm. Code 1420

3) Section Numbers: Adopted Action:

1420.10	Amendment
1420.20	Amendment
1420.30	Amendment
1420.35	New Section
1420.40	Amendment
1420.50	Amendment
1420.60	Amendment
1420.70	Amendment
1420.80	Amendment
1420.90	Amendment
1420.100	Repeal
1420.110	Amendment

4) Statutory Authority: Illinois Public Accounting Act [225 ILCS 450].

5) Effective Date of Amendments: November 28, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Rules contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: November 28, 1995

9) Date Notice of Proposal Published in Illinois Register: March 31, 1995, at 19 Ill. Reg. 4961

10) Has JCAR issued a Statement of Objections to these Rules? Yes

A) Statement of Objection: November 3, 1995, 19 Ill. Reg. 15286

B) Agency Response: December 8, 1995, at 19 Ill. Reg.

C) Date Agency Response Submitted for Approval to JCAR: November 27, 1995

11) Difference(s) between proposal and final version: Section 1420.35, pertaining to temporary practice, was rewritten. The final version in total reads: "Temporary practice shall include only those engagements that were initiated in another state with the business that is located in Illinois being a subsidiary, division or branch of the business located in the other state."

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12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Rules replace Emergency Rules currently in effect? No

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: This rulemaking brings the rules for licensure for public accountants in line with the sunset rewrite of the Illinois Public Accounting Act, which became effective January 1, 1994. The renewals, restoration, fees and continuing professional education sections were amended to reflect the statutory change in the licensure renewal cycle from two years to three. Although renewal fees will come due every third year rather than every other year, the cost per year for a licensed public accountant will remain $20.

Fees for continuing education sponsors were added to the rules. Three Department service fees were raised while the fee charged for a license as a public accountant by endorsement from another jurisdiction was lowered.

A new section was added, pursuant to Section 9.1 of the Act, to define temporary practice in Illinois by licensed/registered accountants from other jurisdictions.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, Illinois 62786
217/785-0800 Fax: 217/782-7645

The full text of the Adopted Amendments begins on the next page:

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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1420
ILLINOIS PUBLIC ACCOUNTING ACT

Section
1420.10 Experience
1420.20 Application for Licensure ~~Registration~~-Individual
1420.30 Application for Licensure ~~Registration~~-Firm ~~Partnership~~
1420.35 Temporary Practice
1420.40 Fees for the Administration of the Act
1420.50 Endorsement
1420.60 Restoration
1420.70 Continuing Professional Education
1420.80 Renewals
1420.90 Annual Report of the Committee
1420.100 Conduct of Hearings (Repealed)
1420.110 Granting Variances

AUTHORITY: Implementing the Illinois Public Accounting Act [225 ILCS 450] and authorized by Section 60(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/60(7)].

SOURCE: Rules and Regulations for the Administration and Enforcement of the Provisions of the Illinois Public Accounting Act, effective June 30, 1975; codified at 5 Ill. Reg. 11058; amended at 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7748, effective June 15, 1982; emergency amendment at 7 Ill. Reg. 14548, effective October 13, 1983, for a maximum of 150 days; amended at 8 Ill. Reg. 6179, effective April 25, 1984; amended at 9 Ill. Reg. 5708, effective April 15, 1985; amended at 9 Ill. Reg. 8738, effective May 28, 1985; amended at 9 Ill. Reg. 13360, effective August 21, 1985; amended at 10 Ill. Reg. 20739, effective December 1, 1986; amended at 11 Ill. Reg. 18276, effective October 27, 1987; transferred from Chapter I, 68 Ill. Adm. Code 420 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1420 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2944; amended at 19 Ill. Reg. 16258, effective NOV 28 1995.

Section 1420.10 Experience

The Department of Professional Regulation (the Department) shall license ~~register~~ as public accountants those individuals who have gained the required one year of experience as follows ~~either~~:

a) On the professional staff of a practicing public accountant licensed ~~registered~~ in this or any other state; or

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b) As an employee of a government agency performing work ~~of a type~~ normally directed toward the expression of an independent opinion on financial statements ~~auditing~~, in accordance with generally accepted accounting principles and the work is done in accordance with generally accepted auditing standards. ~~(Accounting Standards, of the Financial Accounting Standards Board as of March 1, 1985, which are hereby incorporated by referencing and include no later citations or amendments), either~~ Such work shall be with:
   1) Firms engaged in 3 or more distinct lines of commercial or industrial business; or
   2) Three or more governmental agencies or independent organizational units, not an employer of the applicant, in which the results of such auditing are reported to a third party; or
   3) ~~In~~Review ~~reviewing~~ of financial statements and supporting material covering the financial condition and operations of at least 3 entities engaged in 3 or more lines of business to determine the reliability and fairness of the financial reporting and compliance with generally accepted accounting principles, ~~and~~ applicable laws, and governmental regulations ~~(Ill. Rev. Stat. 1983, ch. 111, par. 5515~~; or
c) In experience or employment substantially equivalent to either (or a combination of both) subsections (a) and (b) above. Such experience or employment:
   1) Must involve the performance of duties or services similar in nature to those customarily performed in subsections (a) and (b) above;
   2) Must be performed while the applicant is in a responsible financial position (such as internal audit, or controllership responsibilities for an entity with complex financial statements and accounting systems);
   3) May require more than one year of actual experience to qualify as being the equivalent of one year of experience in subsections (a) and (b) above; and
   4) Must be evaluated by the Public Accounting Registration Committee for each applicant on a case-by-case basis; or
d) ~~In any~~Any combination of subsections (a), (b) and (c) above.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.20 Application for Licensure ~~Registration~~-Individual

An applicant for licensure ~~registration~~ as a public accountant shall file an application with the Department, which shall include the following:

~~a) A recent photograph not larger than 2½ inches by 2½ inches;~~
~~b)~~a) Certification of the issuance of a valid and unrevoked Illinois Certified Public Accountant (C.P.A.) Certificate, issued by the Board of Examiners at ~~Committee on Accountancy of~~ the University of

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Illinois;

c~~)~~b) Proof of the experience ~~earned~~ pursuant to Section 1420.10 of this Part; ~~and~~

c) A complete work history since receipt of the Certified Public Accountant Certificate;

d) The required fee, specified in Section 1420.40(a)~~.~~;

e) Proof acceptable to the Department of having completed not less than 90 hours of continuing education, as defined in Section 1420.70 of this Part, in the 3 years immediately preceding the application, if more than 4 years have elapsed since the applicant has been awarded the C.P.A. certificate required by subsection (a) above; and

f) A certification of licensure from another jurisdiction, if applicable, stating:

1) The date of issuance of the applicant's license;

2) Whether the records of the licensing authority contain any record of disciplinary action taken or pending.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.30 Application for Licensure ~~Registration-Firm Partnership~~

a) For purposes of this Section

1) Firm shall include:

A) A partnership, corporation, limited liability company or any other form of business organization determined by the Department or other regulatory authority to be authorized or entitled to conduct business in this State and meeting requirements of the Act relating to the practice of public accounting in this State;

B) A public accounting unit consisting of an individual licensee operating under a business name other than the licensee's own name, including but not limited to a business name that contains such words as "and Company", "and Associates" or similar words indicating that others take part in the conduct of the business.

2) "Member" includes a partner, shareholder in a corporation, member of a limited liability company and any other person (natural or otherwise) who or which is the owner of an interest in a firm.

b) A firm ~~partnership~~ seeking registration shall submit an application to the Department with the required fee set forth in Section 1420.40 along with one ~~affidavits~~ affidavit stating:

~~a~~)1) The name, address and Illinois license ~~registration~~ number of each member ~~partner~~ personally engaged in Illinois in the practice of public accounting;

~~b~~)2) The name, address and Illinois license ~~registration~~ number of each person in charge of an office of the firm ~~partnership~~ in Illinois; and

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c~~)~~3) That each member ~~partner~~ not personally engaged in the practice of public accounting in Illinois is a certified public accountant or is otherwise authorized to practice accounting in some jurisdiction~~(Ill. Rev. Stat. 1983, ch. 111, par. 5514)~~.

d~~)~~c) Every firm ~~partnership~~ licensed ~~registered~~ under the Act shall notify the Department of any change in members ~~partners~~ at the time of renewal.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.35 Temporary Practice

Temporary practice shall include only those engagements that were initiated in another state, with the business that is located in Illinois being a subsidiary, division or branch of the business located in the other state.

(Source: Added at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.40 Fees For the Administration of the Act

The following fees shall be paid to the Department for the functions performed by the Department under this Act and shall be non-refundable:

a) The fee for application and for a certificate of licensure ~~registration~~ as a public accountant is $75;

b) The fee for renewal of a ~~certificate--of~~ license ~~registration~~ as a public accountant is ~~$40~~ $20 per year;

c) The fee for a license ~~certificate--of--registration~~ as a firm ~~partnership~~ engaged in public accounting is $75;

d) The fee for renewal of a license ~~certificate-of-registration~~ as a firm ~~partnership~~ engaged in public accounting is ~~$80~~ $40 per year;

e) The fee for a license ~~certificate--of--registration~~ as a public accountant by endorsement from another jurisdiction is ~~$100~~ $75;

f) The fee for placing a license ~~certificate-of-registration~~ on inactive status is $15;

g) The fee for restoration of a license ~~certificate-of-registration~~ from inactive status is the current renewal fee.

h) The fee for restoration of a license ~~certificate-of-registration~~ other than from inactive status is $50 plus all lapsed renewal fees, not to exceed ~~$120~~ $260;

i) The fee for certification of a licensee's ~~registrant's~~ record is ~~$10~~ $20;

j) The fee for a duplicate license ~~certificate~~ or replacement certificate is ~~$10~~ $20;

k) The fee for a wall certificate is the cost of production~~$10~~;

l) The fee for change of name or address on a licensee's ~~registrant's~~ record, other than during renewal, is ~~$10~~ $20;

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m) The fee for a roster of licensed ~~registered~~ public accountants shall be the actual cost of producing such a roster. Actual roster cost shall equal (total number of licensees ~~registrants~~ in list requested) times the ~~Multiplier~~ multiplier (cost of paper), plus ~~Fixed~~ fixed ~~Costs~~ costs (such as personnel, handling and forms)~~.~~;

n) The fee for application to be a sponsor of approved continuing education courses shall be $150, except the fee for applicants who submit proof of prior unrevoked registration with the Continuing Professional Education (CPE) Registry of the National Association of State Boards of Accountancy shall be $75. Publicly supported colleges, universities and governmental agencies located in Illinois are exempt from payment of fees for continuing education sponsor registration and renewal;

o) The renewal fee for sponsors of CPE shall be $150, except the renewal fee for registered sponsors who are also registered with the National Association of State Boards of Accountancy shall be $75;

~~n~~p) Upon request, one copy of the Act and Rules will be provided free of charge. Additional copies may be obtained for one dollar per copy.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.50 Endorsement

Any person ~~who--is~~ currently licensed in another jurisdiction who desires ~~desiring~~ to obtain a license ~~certificate-of-registration~~ as a public accountant by endorsement shall file an application with the Department, together with:

a) Certification of the issuance of a valid and unrevoked Illinois Certified Public Accountant (C.P.A.) Certificate, issued by the Board of Examiners at the University of Illinois;

b) ~~a~~A certification from the jurisdiction of original licensure and any other jurisdiction in which he/she may have been licensed stating:

~~a~~1) The date of issuance of the applicant's license;

~~b) The--basis--of--licensure-and-a-description-of-the-examination,-if-any,-by-which-the-applicant-was-licensed;~~

~~c) That-such-licensing-authority-has-received-proof--that--the--applicant holds--a--valid-C.P.A.-certificate-or-that-certificate-which-is-issued upon-passage-of-the-Uniform-C.P.A.-Examination,-and-that-the-applicant has-completed-one-year-of-experience-in-auditing-prior--to--licensure;~~ and

~~d~~2) Whether the records of the licensing authority contain any record of ~~any~~ disciplinary action taken or pending~~.~~;

c) Verification that the applicant has completed one year of employment/experience as defined in Section 1420.10 of this Part.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

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Section 1420.60 Restoration

a) A person seeking restoration of a license prior to September 30, 1997, after it has expired or been placed on inactive status for 5 years or more, shall file an application with the Department together with the required fee specified in Section 1420.40 of this Part and proof of 80 hours of continuing education as defined in Section 1420.70 of this Part in the 2 years immediately preceding application for restoration. A person seeking restoration of ~~his~~ a license on or after September 30, 1997, after it has expired or been placed on inactive status for ~~more--than~~ 5 years or more shall file an application with the Department together with the required fee specified in Section 1420.40 of this Part and proof of ~~80~~ 120 hours of continuing education as defined in Section 1420.70 of this Part in the 3 years immediately preceding application for restoration. The applicant shall also submit either:

1) One verification of employment completed by an employer, co-worker or client; or

~~1~~2) ~~Sworn-evidence~~ Proof of active practice in another jurisdiction. Such evidence shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or

3) Certification of licensure from the licensing authority, stating the dates of licensure and whether the records of the licensing authority contain any record of disciplinary action taken or pending;

~~2~~4) ~~Two~~ One verification of employment ~~affidavits~~ attesting to the applicant's practice of public accounting in a jurisdiction where licensure is not required; or

~~3~~5) An affidavit attesting to military service as provided in Section 17.1 of the Act; or

~~4~~6) Other proof acceptable to the Department of the applicant's fitness to have ~~his~~ the license restored.

b) A person seeking restoration of ~~his~~ a license ~~which~~ that has expired or been placed on inactive status for less than 5 years shall have ~~his~~ the license restored upon payment of the required fee as specified in Section 1420.40 and proof of ~~80~~ 40 hours each year of part thereof since the license has been expired or placed on inactive status, but in no event more than 120 hours of continuing education as defined in Section 1420.70 of this Part. The CPE hours must have been obtained within the 3 years immediately preceding application for restoration. However, any licensee whose license expired while in military service as provided in Section 17.1 of the Act shall be excused from the payment of any lapsed renewal fees if application for restoration is made within 2 years of termination of such service.

c) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is ~~reasonably~~ questioned

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by the Department because of lack of information, discrepancies or conflicts in information given, or ~~information needing further~~ a need for clarification, ~~and/or missing information,~~ the licensee seeking restoration of ~~his~~ a license will be requested to:

1) provide such information as may be necessary; and/or
~~2) explain such relevance or sufficiency during an oral interview; or~~
~~3)~~2) ~~Appear~~ appear for an interview before the Committee to explain such relevance or sufficiency, clarify information or clear up any discrepancies or conflicts in information. ~~when the information available to the Committee is insufficient to evaluate the individual's current competency to practice under the Act. Upon recommendation of the Committee, an applicant shall have his license restored.~~

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.70 Continuing Professional Education

a) Approved continuing professional education course or program (CPE course), as used in this Part, shall mean a course or program ~~which~~ that complies with subsection (d) of this Section.
b) Recognized educational or professional sponsor, as used in this Part, shall mean:
   1) The American Institute of Certified Public Accountants (AICPA);
   2) The Illinois CPA Society/Foundation (ICPAS/F); or
   3) A university or college approved by its governing board in the State of Illinois, or equivalent public authority governing board if in another jurisdiction, to award accounting degrees.
c) Sponsor, as used in this Part, shall mean a person, firm, association, corporation or other group ~~which is~~ responsible for coordination and presentation of an approved CPE course or program.
d) An approved CPE course or program is an organized program of formal learning ~~which~~ that contributes directly to a certified public accountant's knowledge, ability or competence to perform his/her duties as a public accountant. Those programs and courses will qualify ~~which~~ if they meet the following minimum requirements:
   1) The course or program shall include as its subject matter one or more of the following:
      A) Accounting and auditing
      B) Taxation
      C) Management services
      D) Computer sciences
      E) Mathematics, statistics, probability, and quantitative applications to organization
      F) Economics
      G) Finance

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      H) Business, securities and administrative law
      I) Business management and employee benefits
      J) Professional ethics for certified public accountants
      K) Auditing public or private sector specialized industries
      L) Administrative practice; e.g., engagement letters, fee structure and personnel management
      M) Effective presentation techniques
      N) Professional Writing
      O) Decision Making
      P) Practice development
   2) All courses and programs shall be developed and presented by persons with education and/or experience in the subject matter of the program to ensure compliance with the standards stated herein.
   3) All programs must include some mechanism whereby the participants evaluate the over-all quality of the program.
   4) All courses and programs shall specify the course objectives, level of knowledge necessary for, and prerequisites to enrollment, if any, course content, any necessary advance preparation, teaching methods to be used, and the number of CPE hours ~~which~~ that will be earned.
   5) The sponsor(s) of all courses and programs will provide each participant with a certificate or other proof of attendance, which must include the name and address of the sponsor, the name and address of the participant, the title of the course, the number of hours actually attended in each topic, and the date the course or program was given. The sponsor(s) shall also provide each participant with an outline of the course subject matter. If the sponsor is a public accounting firm licensed under the Act, and the course is given in-firm, the sponsor will not be required to provide certificates of attendance to the employees of the firm attending the course.
e) Credit Hours--Each approved CPE course or program "hour" shall include, as a minimum, 50 minutes of actual class time, exclusive of time devoted by participants to pre-class or post-class preparation or study and shall equal one CPE course credit hour. Courses that are part of the curriculum of a university, college or other educational institution shall be awarded CPE course credit at the rate of 15 credit hours for each semester hour, or 10 credit hours for each quarter hour, of school credit awarded.
   1) A licensee who serves as an instructor, speaker or discussion leader of an approved course will be allowed CPE course credit for actual presentation time, plus actual preparation time of up to 2 hours for each hour of presentation. Preparation time shall not be allowed for repetitious presentations of the same course, and will only be allowed for additional study or research. In no case shall credit for actual time of presentation and preparation be given for more than ~~40~~ 50% of the total number of hours

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required during any renewal period.

2) CPE course credit will be allowed for actual authorship of published articles and books, provided the subject matter of such article or book complies with this Section. CPE course credit shall be allowed for actual time spent in writing or researching, but in no case shall credit for authorship of published articles or books be given for more than ~~20~~ 25% of the total number of hours required during any renewal period.

3) A correspondence or individual study course shall qualify if it meets all other requirements of these rules, it indicates average completion time on the course material, and it provides some mechanism or process by which to provide evidence of satisfactory completion by the licensee beyond certification by the licensee. Credit hours for a correspondence or individual study course shall be allowed on the basis of one-half of the average completion time determined by the sponsor. In no case shall ~~more than 40 hours of~~ credit for correspondence or individual study courses be given for more than ~~40~~ 50% of the total number of hours required during any renewal period.

4) CPE course credit will be allowed for programs or courses taken ~~towards~~ toward the satisfaction of continuing education provisions in other States.

f) Recognized educational or professional sponsors, as specified in subsection (b) above, shall be approved upon filing a sponsor application form with the Department and payment of the required fee set forth in Section 1420.40 of this Part. Such filing shall not prevent the Department from requiring additional information, to ensure full and continued compliance with the statute and this Part. The Department will require the added information when it has reason to believe that there is not full and continued compliance with the statute and this Part and the additional information is necessary to ensure compliance.

g) All other sponsors~~,~~ shall be approved upon application to the Department, payment of the required fee set forth in Section 1420.40 of this Part and upon providing the Department the following additional certification:

1) That all courses and programs offered by such sponsor for CPE course credit will comply with this Section;

2) That the sponsor will be responsible for verifying attendance at each course or program~~,~~ and will maintain such records for not less than five years; and

3) That, upon request by the Department, the sponsor will submit such evidence as is necessary to establish compliance with the requirements of this Section. Such evidence will be requested when the Department has reason to believe that there is not full and continued compliance with the statute and this ~~part~~ Part and that the information is necessary to ensure compliance.

h) Upon failure of any sponsor to comply with the requirements of this Section, the Department shall issue a written notification to the sponsor that it must remedy its non-compliance prior to providing further approved courses.

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i) All sponsor approvals shall expire December 31 of each year and may be renewed by submitting a renewal application and the required fee set forth in Section 1420.40(o) of this Part.

~~i~~j) The Department shall periodically ~~and--randomly~~ audit CPE course information submitted by applicants to verify such information, and shall verify such information upon receipt of a written complaint or allegation that a particular applicant or group of applicants has not fully complied with the requirements of the Act or this Part.

~~j~~ k) Any approved sponsor's course(s) shall be disapproved if the sponsor fails or refuses to provide information to the Department ~~to~~ for ~~ascertain~~ ascertaining compliance with this Part as specified in ~~subsection~~ subsections (f) and (g) above.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.80 Renewals

a) Every license ~~certificate of registration~~ issued under the Act prior to September 30, 1994, shall expire on September 30, 1994 ~~of each even-numbered year~~. Licenses issued under this Act on or after September 30, 1994, shall expire September 30, 1997, and every 3 years thereafter. The holder of a license ~~certificate of registration~~ may renew such license ~~certificate~~ during the 2 ~~month~~ months preceding the expiration date thereof by paying the required fee and submitting proof of 120 hours of CPE in accordance with ~~complying with the requirements of~~ Section 1420.70 of this Part. Such applications shall include a listing of all programs and courses, along with the date given, the name of the sponsor of the course and the number of hours of credit claimed.

b) Every license ~~certificate--of--registration~~ for a firm ~~partnership~~ issued prior to October 1, 1994, shall expire on November 30, 1994 ~~of each even numbered year~~. Every license issued to a firm on or after October 1, 1994, shall expire on November 30, 1997, and every 3 years thereafter. Firms ~~Partnerships~~ may renew such license during the 2 months preceding the expiration date thereof by submitting ~~shall also submit, with~~ the required fee, notification of any change in members ~~partners~~ residing in Illinois and verification that the firm ~~partnership~~ continues to meet the qualifications set forth in Section 14 of this Act.

c) A renewal applicant is not required to comply with CPE requirements for the first renewal.

c~~d~~) It is the responsibility of each licensee ~~registrant~~ to notify the Department of any change of address. Failure to receive a renewal form from the Department shall not constitute an excuse for failure to

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renew.

d) ~~Each application for renewal shall include, on forms provided by the Department, a certification by the applicant that he has, during the prerenewal period, completed not less than 80 hours of approved continuing professional education programs or courses. Such application shall include a listing of all such programs and courses, along with the date given, the name of the sponsor of the course, and the number of hours of credit claimed. (For the September 30, 1986 renewal, applicants shall be required to complete only 60 hours of CPE which must have been earned subsequent to September 30, 1984.)~~

e) A licensee may file an application for renewal without having fully complied with the continuing education requirements by requesting a waiver of such requirements. Such request shall include an affidavit setting forth the facts upon which the request for waiver is based. If the Department finds from such affidavit or any other evidence submitted, that good cause has been shown for non-compliance, the Department shall waive enforcement, extend the time within which the applicant shall comply, or establish a particular program or schedule of continuing education for the renewal period for which the applicant has applied. At that time, the renewal applicant will be requested to submit the required renewal fee. Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CPE course requirements during the applicable ~~prerenewal~~ period because of:

1) Full-time service in the armed forces of the United States of America during a substantial part of such period; or
2) Extreme hardship, which shall be determined on an individual basis by the Committee and shall be limited to documentation of:
   A) An incapacitating illness,
   B) A physical inability to travel to the sites of approved programs, or
   C) Any other similar extenuating circumstances.

f) An interview before the Committee with respect to a request for waiver or other action shall be granted if such interview is requested at the time the request for waiver is filed with the Department. The renewal applicant requesting waiver shall be given at least 20 days' written notice of the date, time and place of such interview, by certified mail, return receipt requested.

g) A renewal applicant who fails to include evidence of completion of the requisite number of CPE course hours shall be referred to the Committee for recommendation for further action by the Department.

h) No carry over of continuing education hours is allowed from one prerenewal period to another.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.90 Annual Report of the Committee

DEPARTMENT OF PROFESSIONAL REGULATION

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The Public Accountant Registration Committee shall submit a written report, on an annual basis, to the Director in which it shall evaluate its own and the Department's performance, inform the Department of practice developments within the public accounting profession, and provide recommendations for statutory or regulatory program changes.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.100 Conduct of Hearings (Repealed)

~~Any disciplinary proceedings brought by the Department under the provisions of Section 20.01 of the Act shall be conducted in accordance with the Department's Rules of Practice in Administrative Hearings (68 Ill. Adm. Code 1110).~~

(Source: Repealed at 19 Ill. Reg. 16258, effective NOV 28 1995)

Section 1420.110 Granting Variances

a) The Director may grant variances from ~~these rules~~ this Part in individual cases where he/she finds that:
   1) ~~the~~The provision from which the variance is granted is not statutorily mandated;
   2) ~~no~~No party will be injured by the granting of the variance; and
   3) ~~the~~The rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.

b) The Director shall notify the Public Accountant Registration Committee of the granting of such variance, and the reasons therefor, at the next meeting of the Committee.

(Source: Amended at 19 Ill. Reg. 16258, effective NOV 28 1995)

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Hospital Reimbursement Changes

2) Code Citation: 89 Ill. Adm. Code 152

3) Section Numbers: Adopted Action:

152.100	Repeal
152.150	Amendment
152.200	Amendment
152.250	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, par. 12-13) [305 ILCS 5/12-13]

5) Effective Date of Amendments: November 27, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: November 27, 1995

9) Notice of Proposal Published in Illinois Register: July 14, 1995 (19 Ill. Reg. 9380)

10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No

11) Differences between proposal and final version: The following changes have been made in the text of the proposed amendments.

Section 152.200(b) has been revised to read:

(b) All per diem payments calculated under 89 Ill. Adm. Code 148, except for those described in 89 Ill. Adm. Code 148.120, 148.160, 148.170, 148.175 and 148.290(a), (c) and (d), in effect on January 18, 1994, less the protion of such rates attributed by the Department to the cost of medical education, shall remain in effect until June 30, 1996.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Amendments replace Emergency Amendments currently in effect? Yes

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: These amendments are necessary to maintain rates of reimbursement for hospital services at the levels which

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have been effective since January 18, 1994. The maintenance of rates will continue through fiscal year 1996, and will affect rates calculated according to methodologies located in 89 Ill. Adm. Code 149, Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) and 89 Ill. Adm. Code 148, Hospital Services. These cost containment measures are necessary for the implementation of the fiscal year 1996 budget plan, to permit the Department to continue to provide adequate reimbursement levels for essential hospital services and to prevent excessive and unnecessary expenditures.

Section 152.250 provides an appeal mechanism for any hospital that believes it is facing significant financial hardships by continuing to provide services according to these rate maintenance provisions. Under these amendments, the availability of this appeal process is also being extended through fiscal year 1996.

Section 152.100, which is being repealed, provides for the application of an adjustment factor to certain add-on payments for hospitals. Because of Public Act 88-554, the add-on payments are being eliminated at the end of fiscal year 1995 and the adjustment factors will no longer be applicable.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Joanne Jones
Address: Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

PART 152
HOSPITAL REIMBURSEMENT CHANGES

Section
152.100 Reimbursement Add-on Adjustments (Repealed)
152.150 Diagnosis Related Grouping (DRG) Prospective System (PPS)
152.200 Non-DRG Reimbursement Methodologies
152.250 Appeals

AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13) and implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III].

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2150, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10141, effective June 17, 1994; emergency amendment at 19 Ill. Reg. 6706, effective May 12, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10236, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16272, effective NOV 27 1995.

Section 152.100 Reimbursement Add-on Adjustments (Repealed)

a) ~~Notwithstanding any provisions set forth in 89 Ill. Adm. Code 148, the changes in rule described in this Section will be effective January 18, 1994.~~

b) ~~Outpatient indigent volume adjustments, as described in 89 Ill. Adm. Code 148.140(b)(5)(A) and (b)(5)(B), as calculated for rate year 1994, shall remain in effect through fiscal year 1995. Hospitals not qualifying in rate year 1994 (October 1, 1993, through September 30, 1994) must submit the data described in 89 Ill. Adm. Code 148.150 in order to qualify in rate year 1995 (October 1, 1994 through September 30, 1995).~~

c) ~~Uncompensated care payment adjustments, as described in 89 Ill. Adm. Code 148.150(h), for the period of October 1, 1994, through June 30, 1995, shall be adjusted by a factor that will equalize aggregate payments made under 89 Ill. Adm. Code 148.150(h) during the period of July 1, 1994, through June 30, 1995, to the payments made under 89 Ill. Adm. Code 148.150(g) and (h) during the period of July 1, 1993, through June 30, 1994. The factor shall be a fraction, the numerator of which is the aggregate uncompensated care payments for the period of July 1, 1993, through June 30, 1994, and the denominator of which is the aggregate uncompensated care payments for the period of July 1, 1994, through June 30, 1995.~~

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d) ~~Trauma center adjustments, as described in 89 Ill. Adm. Code 148.290(c)(1), (c)(2), and (c)(3), for the period of October 1, 1994, through June 30, 1995, shall be adjusted by a factor that will equalize aggregate payments made under 89 Ill. Adm. Code 148.290(c)(1), (c)(2), and (c)(3) during the period of July 1, 1994, through June 30, 1995, to the payments made under 89 Ill. Adm. Code 148.290(c)(1), (c)(2), and (c)(3) during the period of July 1, 1993, through June 30, 1994. The factor shall be a fraction, the numerator of which is the aggregate trauma center adjustments for the period of July 1, 1993, through June 30, 1994, and the denominator of which is the aggregate trauma center adjustments for the period of July 1, 1994, through June 30, 1995.~~

e) ~~Rehabilitation hospital adjustments, as described in 89 Ill. Adm. Code 148.290(d)(1), for the period of October 1, 1994, through June 30, 1995, shall be adjusted by a factor that will equalize aggregate payments made under 89 Ill. Adm. Code 148.290(d)(1) during the period of July 1, 1994, through June 30, 1995, to the payments made under 89 Ill. Adm. Code 148.290(d)(1) during the period of July 1, 1993, through June 30, 1994. The factor shall be a fraction, the numerator of which is the aggregate rehabilitation hospital adjustments for the period of July 1, 1993, through June 30, 1994, and the denominator of which is the aggregate rehabilitation hospital adjustments for the period of July 1, 1994, through June 30, 1995.~~

f) ~~Perinatal center adjustments, as described in 89 Ill. Adm. Code 148.290(e)(1), for the period of October 1, 1994, through June 30, 1995, shall be adjusted by a factor that will equalize aggregate payments made under 89 Ill. Adm. Code 148.290(e)(1) during the period of July 1, 1994, through June 30, 1995, to the payments made under 89 Ill. Adm. Code 148.290(e)(1) during the period of July 1, 1993, through June 30, 1994. The factor shall be a fraction, the numerator of which is the aggregate perinatal center adjustments for the period of July 1, 1993, through June 20, 1994, and the denominator of which is the aggregate perinatal center adjustments for the period of July 1, 1994, through June 30, 1995.~~

g) ~~Obstetrical care adjustments, as described in 89 Ill. Adm. Code 148.290(f)(1), for the period of October 1, 1994, through June 30, 1995, shall be adjusted by a factor that will equalize aggregate payments made under 89 Ill. Adm. Code 148.290(f)(1) during the period of July 1, 1994, through June 30, 1995, to the payments made under 89 Ill. Adm. Code 148.290(f)(1) during the period of July 1, 1993, through June 30, 1994. The factor shall be a fraction, the numerator of which is the aggregate obstetrical care adjustments for the period of July 1, 1993, through June 30, 1994, and the denominator of which is the aggregate obstetrical care adjustments for the period of July 1, 1994, through June 30, 1995.~~

h) ~~Targeted access payment adjustments, as described in 89 Ill. Adm. Code 148.290(g)(2), (g)(3), (g)(4), (g)(5) and (g)(6), for the period of October 1, 1994, through June 30, 1995, shall be adjusted by a factor~~

~~that will equalize aggregate payments made under 89 Ill. Adm. Code 148.290(g)(2), (g)(3), (g)(4), (g)(5) and (g)(6) during the period of July 1, 1994, through June 30, 1995, to the payments made under 89 Ill. Adm. Code 148.290(g)(2), (g)(3), (g)(4), (g)(5) and (g)(6) during the period of July 1, 1993, through June 30, 1994. The factor shall be a fraction, the numerator of which is the aggregate targeted access payment adjustments for the period of July 1, 1993, through June 30, 1994, and the denominator of which is the aggregate targeted access payment adjustments for the period of July 1, 1994 through June 30, 1995.~~

~~i) Targeted access payment adjustments, as calculated under subsection (h) above, for the period of October 1, 1994, through June 30, 1995, shall be further adjusted by a factor which will inversely adjust targeted access spending in an amount equal to the updates calculated under 89 Ill. Adm. Code 148.120(g)(2)(B) and 148.290(h)(2)(C). The factor shall be a fraction, the numerator of which is the amount equal to the updates calculated under 89 Ill. Adm. Code 148.120(g)(2)(B) and 148.290(h)(2)(C), and the denominator of which is the aggregate target access payment adjustments made under 89 Ill. Adm. Code 152.100(h) above during the period of July 1, 1994, through June 30, 1995.~~

~~j) Medicaid high volume adjustments, as described in 89 Ill. Adm. Code 148.290(h)(2)(B), for the period of October 1, 1994, through June 30, 1995, shall be adjusted by a factor that will equalize aggregate payments made under 89 Ill. Adm. Code 148.290(h)(2)(B) during the period of July 1, 1994, through June 30, 1995, to the payments made under 89 Ill. Adm. Code 148.290(h)(2)(B) during the period of July 1, 1993, through June 30, 1994. The factor shall be a fraction, the numerator of which is the appropriate Medicaid high volume adjustments for the period of July 1, 1993, through June 30, 1994, and the denominator of which is the aggregate Medicaid high volume adjustments for the period of July 1, 1994, through June 30, 1995.~~

~~k) This Section shall be automatically repealed effective June 30, 1995.~~

(Source: Repealed at 19 Ill. Reg. 16272, effective NOV 27 1995)

Section 152.150 Diagnosis Related Grouping (DRG) Prospective Payment System (PPS)

a) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 149, the changes ~~in rule~~ described in this Section will be effective January 18, 1994.

b) For the rate periods, as described in 89 Ill. Adm. Code 148.25(g)(2)(B), the DRG weighting factors shall be adjusted by a factor, the numerator of which is the statewide weighted average DRG base payment rate in effect for the base period, as described in 89 Ill. Adm. Code 148.25(g)(2)(A), and the denominator of which is the statewide weighted average DRG base payment rate for the rate period,

as described in 89 Ill. Adm. Code 148.25(g)(2)(B). For this adjustment, DRG base payment rate means the product of the PPS base rate, as described in 89 Ill. Adm. Code 149.100(c)(3), and the indirect medical education factor, as described in 89 Ill. Adm. Code 149.150(c)(3).

c) All payments calculated under 89 Ill. Adm. Code 149.140 and 149.150(c)(1), (c)(2) and (c)(4), in effect on January 18, 1994, shall remain in effect until June 30, 1996 ~~June 30, 1995~~.

d) For hospital inpatient services render on or after July 1, 1995, and prior to July 1, 1996, the Department shall reimburse hospitals using the relative weighting factors and the base payment rates calculated pursuant to the methodology described in this Section, that were in effect on June 30, 1995, less the portion of such rates attributed by the Department to the cost of medical education.

e) This Section shall be automatically repealed effective June 30, 1996 ~~June 30, 1995~~.

(Source: Amended at 19 Ill. Reg. 16272, effective NOV 27 1995)

Section 152.200 Non-DRG Reimbursement Methodologies

a) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 148, the changes ~~in rule~~ described in this Section will be effective January 18, 1994.

b) All per diem payments calculated under 89 Ill. Adm. Code 148, except for those described in 89 Ill. Adm. Code 148.120, 148.160, 148.170, 148.175 and 148.290 ~~148.290(h)(2)(A) through (h)(2)(C)~~, in effect on January 18, 1994 less the portion of such rates attributed by the Department to the cost of medical education, shall remain in effect until June 30, 1996 ~~June 30, 1995~~.

c) This Section shall be automatically repealed effective June 30, 1996 ~~June 30, 1995~~.

(Source: Amended at 19 Ill. Reg. 16272, effective NOV 27 1995)

Section 152.250 Appeals

a) Right to appeal. Any hospital seeking to appeal its prospective payment rate for operating costs related to inpatient care or other allowable costs must submit a written request to the Department on or before July 31, 1995 ~~within 30 days after the date of the letter notifying the hospital of its prospective rate~~. The written request must contain the information as specified in subsection (c) below. The Department shall respond to the hospital's request for additional

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reimbursement within 30 days or after receipt of any additional documentation requested by the Department, whichever is later. The hospital shall bear the burden of proof throughout the appeal process.

b) Non-appealable issue. The October 1, 1993, rates and reimbursement systems used to calculate the rates are not appealable.

c) Appeal documentation.

1) The hospital must submit an explanation of the circumstances creating the need for the appeal, including a detail of the hospital services that will be significantly curtailed if the hospital is not granted financial relief. The explanation must include a statement of attestation signed by the hospital's chief executive officer, chief financial officer, treasurer or its properly authorized agent. The signature verifies by written declaration, and under penalties of perjury, that the signing officer has personally examined the documentation and that the information is true, correct, and complete.

2) The hospital must file a cash position statement which is based upon current assets (including all unrestricted investments), current liabilities and other data for a date which is less than 60 days old. Any liabilities payable to owners or related parties must not be reported as current liabilities on the cash position statement.

3) The hospital must submit a copy of its last two financial statements audited by an external, independent certified public accountant. If the hospital is part of a group of entities which are related by common ownership or control or both, a consolidated financial statement audited by an external, independent certified public account is also required. If consolidated financial statements are not available, then the individual audited financial statements from each of the related entities may be submitted seperately. The Department will merge the information. A hospital that qualifies for financial relief under Section 152.250(d)(4)(B) must submit copies of its last three or five audited financial statements, depending upon the qualification option chosen.

d) Appeal Process. In no event shall financial relief be awarded, unless the hospital demonstrates to the satisfaction of the Director that the Medicaid rate it receives under the Medicaid prospective payment system is insufficient to ensure Medicaid recipients reasonable access to sufficient inpatient hospital services of adequate quality. In making such demonstration the hospital must meet all of the following criteria:

1) The current Medicaid prospective payment rate jeopardizes the long-term financial viability of the hospital. In appropriate cases, financial jeopardy may be shown to exist if, by providing care to Medicaid recipients at the current Medicaid rate, the hospital can demonstrate that it is, in the aggregate, incurring a marginal loss. In appropriate cases, financial jeopardy may be

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shown to exist if the hospital is incurring a marginal gain but can demonstrate that it has unique and compelling Medicaid costs, which if unreimbursed by Medicaid, would clearly jeopardize the hospital's long-term financial viability.

2) The population served by the hospital seeking financial relief has no reasonable access to other inpatient hospitals. Reasonable access exists if most individuals served by the hospital seeking financial relief can receive inpatient hospital care within a 30 minute travel time at total cost which is less to the Department than the costs which would be incurred at the hospital seeking financial relief.

3) The ratio of current assets to current liabilities reflected on the cash position statement described in subsection (c)(2) above is less than 1.0. Hospitals whose Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), is greater than 50 percent and whose average length of stay during State fiscal year 1994 was less than 20 days, may exclude Medicaid accounts receivables from this calculation and define funded depreciation as a restricted fund under subsection (f)(5) of this Section.

4) The financial statements described in subsection (c)(3) above: ~~must reflect a net loss in each of the two years.~~

A) must reflect a net loss in each of the two periods if the hospital's Medicaid inpatient utilization rate, as defined in 89 Ill. Adm. Code 148.120(k)(5), is less than 50 percent, or

B) must reflect a net loss in two out of the last three periods (hospitals owned by a Federally Qualified Health Center (FQHC) may exclude federal section 330 grant revenue from this calculation), or reflect a net loss in three out of the last five periods with an aggregate loss over the five year period, if the hospital's Medicaid inpatient utilization rate, as defined in 89 Ill. Adm. Code 148.120(k)(5), is greater than 50 percent and its average length of stay during State fiscal year 1994 was less than 20 days.

5) The most recent financial statement as described in subsection (c)(3) above must reflect a ratio of current assets to current liabilities of less than 1.3. Hospitals whose Medicaid inpatient utilization rate, as defined in 89 Ill. Adm. Code 148.120(k)(5), is greater than 50 percent and its average length of stay during State fiscal year 1994 was less than 20 days, may exclude Medicaid accounts receivable from this calculation and define funded depreciation as a restricted fund under subsection (f)(5) of this Secton.

e) Financial relief. If the hospital demonstrates adequate financial jeopardy, the Department will determine the amount of the financial relief to be granted. The amount of the financial relief will be dependent upon the individual hospital's needs.

f) Definitions. For purposes of this Section, unless the context

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requires otherwise:

1) "Current assets" must follow Generally Accepted Accounting Principles, except for this purpose all unrestricted investments must be included as current assets.

2) "Current liabilities" must follow Generally Accepted Accounting Principles, except for this purpose any liabilities due to entities related by ownership or control must not be included as current liabilities.

3) "Marginal loss" is the amount by which total variable costs for each patient day exceeds the Medicaid payment rate. In calculating marginal loss, the hospital shall compute variable costs at 60 percent of total inpatient operating costs and fixed costs at 40 percent of total inpatient operating costs; however, the Director may accept a different ratio of fixed and variable operating costs if a hospital is able to demonstrate that a different ratio is appropriate for its particular institution.

4) "Ratio of current assets to current liabilities" means current assets divided by current liabilities, as defined above.

5) "Unrestricted investments" means funds which have not been restricted by the donors for use only for some purpose other than hospital operations. Also, investments which have been legally restricted against use for hospital operations, such as loan collateral, will be considered to be restricted. Funds restricted by the hospital's board of directors will be considered as unrestricted funds for the purpose of this analysis unless otherwise allowed for under the provisions noted in Section 152.250(d)(3), (d)(4)(B) and (d)(5).

g) This Section shall be automatically repealed effective June 30, 1996 ~~June 30, 1995~~.

(Source: Amended at 19 Ill. Reg. 16272, effective NOV 27 1995)

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NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Long Term Care Reimbursement Changes

2) Code Citation: 89 Ill. Adm. Code 153

3) Section Numbers: Adopted Action:

153.100	Amendment
153.150	Repeal

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, par. 12-13) [305 ILCS 5/12-13]

5) Effective Date of Amendments: November 27, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Do these Amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: November 27, 1995

9) Notice of Proposal Published in Illinois Register: July 14, 1995 (19 Ill. Reg. 9383)

10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No

11) Differences between proposal and final version: The following changes have been made in the proposed amendments:

Section 153.100

Subsection (l) has been revised to read:

(l) Fiscal year 1996 support rates may change based on the first cost report filed by new ownership reflecting six months or more of the new ownership's operation for any facility which changed ownership between July 1, 1992, and January 18, 1994. Only changes in ownership in arms-length transactions between unrelated parties will be recognized for this rate change. The new support rate for those facilities will be calculated in accordance with 89 Ill. Adm. Code 140.560 and 140.561. Support rates for facilities which qualify under this exception will not be decreased by the provisions in this Section. The capital rates of facilities which changed ownership between July 1, 1992, and January 18, 1994, will not be subject to changes in the capital rate based on the provisions of 89 Ill. Adm. Code 140.571(b)(4), but can still be affected by the provisions of subsections (d) of this Section.

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The language in subsection (q) has been moved into a new subsection (s).

The new language in subsection (q) reads:

(q) Rates may change based upon verification of the delivery or non-delivery of psychiatric rehabilitation services to individuals with mental illness residing in nursing facilities. Psychiatric rehabilitation services program reimbursement will be dependent upon the facility meeting all criteria specified in 89 Ill. Adm. Code 147.300 through 147.345.

A new subsection (r) has been added as follows:

(r) An add-on of $.10 per resident day will be paid for emergency dental services, including services needed to treat an episode of acute pain in the teeth, gums or palate; broken or otherwise damaged teeth; or any other problem of the oral cavity, appropriately treated by a dentist, that requires immediate attention.

No other changes have been made in the text of the proposed amendments.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Amendments replace Emergency Amendments currently in effect? Yes

14) Are there any Amendments pending on this Part? No

15) Summary and Purpose of Amendments: The Department of Public Aid is making changes to Section 153.100 to maintain rates of reimbursement for long term care services at the levels which have been effective since January 18, 1994. The maintenance of rates will continue through June 30, 1996, and affects nursing homes, facilities for persons with developmental disabilities, and developmental training facilities. Several exceptions to the rate maintenance provisions are detailed in the rules. Two such exceptions are being added to recognize changes in ownership between non-profit facilities and profit facilities and vice versa in which real estate taxes are paid or not paid by the previous owner (depending on whether the facility changing ownership was a non-profit or profit facility) and to recognize additional expenditures related to facility and service improvements undertaken in facilities which experienced a change of ownership during a specified period of time prior to January 18, 1994. Other exceptions pertain to a reimbursement add-on for emergency dental services and provisions for rate changes based upon verification of the delivery or non-delivery of psychiatric rehabilitation services to persons with mental illness who reside in nursing homes.

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These cost containment measures are necessary to permit the Department to continue to purchase long term care services in a prudent and cost effective manner, and to prevent excessive and unnecessary expenditures.

The Department is also repealing Section 153.150 as specified by the intent to automatically repeal, effective June 30, 1995, which is found in subsection (g). Quality assurance (QA) reviews in nursing facilities will therefore be eliminated. The elimination of QA reviews is necessary due to Department staffing needs in response to new long term care initiatives.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Joanne Jones
Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, IL 62762
(217) 524-3215

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

PART 153
LONG TERM CARE REIMBURSEMENT CHANGES

Section
153.100 Reimbursement for Long Term Care Services
153.150 Quality Assurance Review (Repealed)

AUTHORITY: Implementing and authorized by Articles III, IV, V, and VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, and VI and 12-13] and implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III].

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2159, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10154, effective June 17, 1994; emergency amendment at 18 Ill. Reg. 11380, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16669, effective November 1, 1994; emergency amendment at 19 Ill. Reg. 10245, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16281, effective NOV 27 1995.

Section 153.100 Reimbursement for Long Term Care Services

a) Notwithstanding the provisions set forth in 89 Ill. Adm. Code 140, 144 and 147 for reimbursement of long term care services, effective January 18, 1994, reimbursement rates for long term care facilities (SNF/ICF and ICF/MR) and day training providers will remain at the levels in effect on January 18, 1994, except as otherwise provided in this Section.

b) The results of Inspection of Care (IOC) surveys for which the exit conference is completed prior to January 18, 1994, will be processed and reflected in facility rates effective with the annual nursing rate adjustment date. The reconsideration process which is provided for in 89 Ill. Adm. Code 147.100 remains in effect for these surveys and other surveys set forth in this Section.

c) Capital and support rates in effect on January 18, 1994, will be adjusted based on final audits of cost report data in accordance with 89 Ill. Adm. Code 140.582(b) and 140.590.

d) Capital rates will be increased for major capital improvements in accordance with 89 Ill. Adm. Code 140.560(c) and (e).

e) New facilities which are assigned median rates in accordance with 89 Ill. Adm. Code 140.560(b) will have rates recalculated based upon receipt of their first cost report and first IOC survey.

f) Rates may change based upon an interim IOC conducted at the facility's written request for any facility which changed ownership no earlier than 90 days prior to and not later than January 18, 1994. The interim IOC request must include justification and documentation which supports one of the criteria set forth in 89 Ill. Adm. Code 147.150(d).

g) Requests for interim IOCs received through January 18, 1994, will be processed in accordance with 89 Ill. Adm. Code 147.150(d).

h) Interim IOCs may be conducted, at the facility's written request, if there has been a change in the Medicaid census since the last IOC survey in accordance with 89 Ill. Adm. Code 147.150(d), except that the requirement that the request must be made within 180 days after the last IOC, need not be met. The written request must contain documentation supporting the change in Medicaid census.

i) The Department reserves the right to initiate interim IOC surveys, if necessary, based upon a significant reduction in the level of resident care or for the health and safety concerns of residents.

j) Any rate adjustments that result from an interim IOC conducted under this Section will have an effective date of the first day of the month following the exit date of the interim IOC.

k) Requests for IOCs upon which rate determinations are based upon a Medicaid resident being transferred from a State operated developmentally disabled facility to a community setting will be considered on a case-by-case basis.

l) Fiscal year 1996 support rates may change based on the first cost report filed by new ownership reflecting six months or more of the new ownership's operation for any facility which changed ownership between July 1, 1992, and January 18, 1994. Only changes in ownership in arms-length transactions between unrelated parties will be recognized for this rate change. The new support rate for those facilities will be calculated in accordance with 89 Ill. Adm. Code 140.560 and 140.561. Support rates for facilities which qualify under this exception will not be decreased by the provisions in this Section. The capital rates of facilities which changed ownership between July 1, 1992, and January 18, 1994, will not be subject to changes in the capital rate based on the provisions of 89 Ill. Adm. Code 140.571(b)(4), but can still be affected by the provisions of subsection (d) of this Section.

m) For those for-profit facilities whose fiscal year 1994 capital rate does not include a real estate tax component because it is based upon a non-profit facility's cost report, effective July 1, 1995, the real estate tax component will be added to the capital rate based upon the fiscal year 1994 median real estate tax rate for the HSA in which the home is located.

n) If a non-profit facility changes ownership on or after July 1, 1995, and the new owner is a for-profit facility, the real estate tax component will be added to the capital rate effective with the change of ownership as recognized by the Illinois Department of Public Health. The real estate tax component will be added at the HSA median tax rate in effect for the month in which the real estate tax becomes

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

effective.

o) For those non-profit facilities whose fiscal year 1994 capital rate includes a real estate tax component based upon a for-profit facility's cost report, effective July 1, 1995, the real estate tax component of the capital rate will be removed (unless the non-profit facility rents the home from an unrelated for-profit entity).

p) If a for-profit facility changes ownership on or after July 1, 1995, and the new owner is a non-profit facility, the real estate tax component will be removed from the capital rate effective with the date of change in ownership as recognized by the Illinois Department of Public Health. The real estate tax component will not be removed for a non-profit facility that rents the facility from an unrelated for-profit entity.

q) Rates may change based upon verification of the delivery or non-delivery of psychiatric rehabilitation services to individuals with mental illness residing in nursing facilities. Psychiatric rehabilitation services program reimbursement will be dependent upon the facility meeting all criteria specified in 89 Ill. Adm. Code 147.300 through 147.345.

r) An add-on of $.10 per resident day will be paid for emergency dental services, including services needed to treat an episode of acute pain in the teeth, gums or palate; broken or otherwise damaged teeth; or any other problem of the oral cavity, appropriately treated by a dentist, that requires immediate attention.

s) This Section shall be automatically repealed effective June 30, 1996 ~~June 30, 1995~~.

(Source: Amended at 19 Ill. Reg. 16281, effective NOV 27 1995)

Section 153.150 Quality Assurance Review (Repealed)

~~a) Purpose---Notwithstanding the provisions set forth in 89 Ill. Adm. Code 147 for Inspection of Care (IOC) in nursing facilities, effective July 1, 1994 through June 30, 1995, quality assurance (QA) reviews will be conducted in nursing facilities to verify that programs scored during the last IOC and new programs established for Medicaid residents continue to meet criteria as described in 89 Ill. Adm. Code 147.~~

~~b) Review Process~~

~~1) QA reviews will include the following 11 program areas from the IOC:~~

~~A) Restorative Bathing/Grooming~~
~~B) Restorative Clothing~~
~~C) Restorative Eating~~
~~D) Restorative Mobility~~
~~E) Restorative Continence~~
~~F) Psychosocial/Mental Status~~

~~G) Pressure Ulcer Treatment~~
~~H) Pressure Ulcer Prevention~~
~~I) Psychotropic Med Reduction~~
~~J) Passive Range of Motion~~
~~K) Restraint Reduction and Management~~

~~2) A random 30 percent sample of Medicaid clients residing in a facility will be selected for the review.~~

~~3) Wherever possible, the sample will only include residents surveyed during the last IOC.~~

~~4) When there is not a sufficient number of residents in the facility from the last IOC to derive a random 30 percent sample, the sample will be chosen from the entire Medicaid population of the facility.~~

~~5) No less than ten Medicaid residents will be reviewed, unless fewer than ten Medicaid residents reside in the facility.~~

~~6) In facilities with a Medicaid census of less than ten, all Medicaid residents will be reviewed.~~

~~7) Assessments, plans of care and implementation of programs will be reviewed as described in 89 Ill. Adm. Code 147.~~

~~8) Copies of completed QA modified Form DPA 2700, Illinois Assessment of Need for Care, will be presented to the facility daily.~~

~~9) Each QA review will be concluded with an exit conference.~~

~~c) Resolution~~

~~1) There will be no formal negotiation or arbitration.~~

~~2) There may be residents who are not receiving the same services now that they were receiving at the last IOC. Resident health status may change over time, either through improvement or deterioration, and the resident may no longer benefit from a program. Consequently, the resolution process will include a provision for scoring discontinued programs where there is documentation to support that the program was discontinued appropriately because the resident could no longer benefit from it. The facility is encouraged to discuss discontinued programs with Department staff and to present any documentation to support its position.~~

~~3) Disagreement on any QA review findings that cannot be settled between the facility and QA team will be resolved at the Bureau of Long Term Care (BLTC) regional supervisor level.~~

~~d) Notification of QA Results~~

~~1) Data gathered during the QA review will be evaluated by the Department.~~

~~2) If the results of the QA review indicate the current service level is at least 90 percent of the service level of the last IOC, the facility will pass the QA review and no further action will be taken.~~

~~3) To determine whether the 90 percent level has been maintained, the Department will compare the dollar amount calculated from the~~

DEPARTMENT OF PUBLIC AID

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~~QA--review--for-the-ll-program-areas-to-the-reimbursed-amount-for the-same-ll-program-areas-from-the-latest-IOC.~~

~~4) If-the-QA-review-indicates-a-reduction-of-more-than--ten--percent in-the-earned-rate,-the-following-procedures-will-be-implemented:~~

~~A) The--facility--will--be--notified,--in--writing,--of--the-QA findings-within-30-days-after-the-QA-review-exit-date.~~

~~B) Upon--request--from--the--facility,--consultation--will---be provided--by--BBTC--field--staff-to-assist-the-facility-with correction-of-problems.~~

~~C) A-follow-up-QA-review-will-be-conducted-between-90--and--120 days-after-the-first-QA-exit-date.~~

~~i) The--procedure--defined--in--subsection-(b)(2)-through (b)(6)-of-this-Section-will-be-used--to--select--a--30 percent-random-sample-for-the-follow-up-QA-review.~~

~~ii) Resolution--as--defined--in--subsection--(c)--above-is available-during-the-follow-up-QA-review.~~

~~D) The-facility-will-be-notified,-in-writing,-of-the--follow-up QA--findings--within--30--days-after-the-follow-up-QA-review exit-date.~~

~~E) If-the-follow-up-QA-review-indicates-a-reduction-after--more than--ten--percent--in-earned-rate-from-the-last-IOC,-a-full IOC-on-100-percent-of-Medicaid-residents-will--be--initiated within--45--days--after-notification-of-the-results-from-the follow-up-QA-review.~~

~~e) Rate-Adjustments~~

~~1) In-any-case-where-a-100-percent-review--is--performed--due--to--a reduction-in-services,-rates-will-be-recalculated-and-reduced,-if indicated,--based--upon--the--full-IOC-results.--The-reduced-rate will-become-effective-on-the-first-day-of-the-month-following-the month-that-the-full-IOC-exit-took-place.~~

~~2) Rates-will-not-be-increased-based-upon-IOC-results.~~

~~f) The-QA-review-process-will-be-used-during-the-rate-maintenance--period which-ends-June-30,-1995.~~

~~g) This-Section-shall-be-automatically-repealed-effective-June-30,-1995.~~

(Source: Repealed at 19 Ill. Reg. 16281, effective NOV 27 1995)

SECRETARY OF STATE

NOTICE OF ADOPTED RULES

1) Heading of the Part: Certificates of Title, Registration of Vehicles

2) Code Citation: 92 Ill. Adm. Code 1010

3) Section Numbers: Adopted Action:

1010.540 Amended

4) Statutory Authority: Implementing Chapter 3 and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 3 and 2-104(b)].

5) Effective Date of Rulemaking: November 27, 1995

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: November 27, 1995

9) Notice of Proposal Published in Illinois Register: 19 Ill. Reg. 12610, September 8, 1995

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) between proposal and final version:

1. Line 98 - added "3"

2. Line 124 - added 08/01/95 adoption

3. Lines 142, 143 - updated Source Note 1055.10; deleted "(a)".

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: To allow financial institutions participating in the over the counter program to increase fees where necessary to offset costs.

16) Information and questions regarding this adopted rule shall be directed to:

Robert B. Powers

SECRETARY OF STATE

NOTICE OF ADOPTED RULES

Assistant Counsel
Secretary of State's Office
298 Howlett Building
Springfield, IL 62756
(217) 785-3094

The full text of the Adopted Rule begins on the next page:

SECRETARY OF STATE

NOTICE OF ADOPTED RULES

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1010
CERTIFICATES OF TITLE, REGISTRATION OF VEHICLES

SUBPART A: DEFINITIONS

Section
1010.10 Owner--Application of Term
1010.20 Secretary and Department

SUBPART B: TITLES

Section
1010.110 Salvage Certificate-Additional Information Required to Accompany Application for a Certificate of Title for a Rebuilt or a Restored Vehicle Upon Surrendering Salvage Certificate
1010.120 Salvage Certificate-Assignments and Reassignments
1010.130 Exclusiveness of Lien on Certificate of Title
1010.140 Documents Required to Title and Register Imported Vehicles Not Manufactured in Conformity with Federal Emission or Safety Standards
1010.150 Transferring Certificates of Title Upon the Owner's Death
1010.160 Repossession of Vehicles by Lienholders and Creditors
1010.170 Junking Notification

SUBPART C: REGISTRATION

Section
1010.210 Application for Registration
1010.220 Vehicles Subject to Registration-Exceptions
1010.230 Refusing Registration or Certificate of Title
1010.240 Registration Plates To Be Furnished By The Secretary of State
1010.250 Applications For Reassignment

SUBPART D: REVOCATION, SUSPENSION AND CANCELLATION OF REGISTRATION

Section
1010.300 Operation of Vehicle after Cancellation, Suspension, or Revocation of any Registration
1010.310 Improper Use of Evidences of Registration
1010.320 Suspension, Cancellation or Revocation of Illinois Registration Plates and Cards and Titles
1010.330 Operation of Vehicle Without Proper Illinois Registration
1010.350 Suspension or Revocation
1010.360 Surrender of Plates, Decals or Cards

SUBPART E: SPECIAL PERMITS AND PLATES

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SUBPART F: FEES

SUBPART G: MISCELLANEOUS

SUBPART H: SECOND DIVISION VEHICLES

SECRETARY OF STATE

NOTICE OF ADOPTED RULES

AUTHORITY: Implementing Chapter 3 and authorized by Section 2-104(b) of the Illinois Vehicle Title & Registration Law of the Illinois Vehicle Code [625 ILCS 5/Ch. 3 and 2-104(b)].

SOURCE: Filed and effective December 15, 1970; emergency amendment at 2 Ill. Reg. 25, p. 119, effective June 14, 1978, for a maximum of 150 days; amended at 3 Ill. Reg. 12, p. 76, effective March 23, 1979; amended at 3 Ill. Reg. 29, p. 123, effective July 20, 1979; amended at 4 Ill. Reg. 17, p. 247, effective April 11, 1980; emergency amendment at 4 Ill. Reg. 21, p. 99, effective May 14, 1980, for a maximum of 150 days; amended at 6 Ill. Reg. 2241, effective February 1, 1982; amended at 6 Ill. Reg. 11076, effective August 26, 1982; codified at 6 Ill. Reg. 12674; amended at 7 Ill. Reg. 1432, effective January 21, 1983; amended at 7 Ill. Reg. 1436, effective January 21, 1983; amended at 8 Ill. Reg. 5329, effective April 6, 1984; amended at 9 Ill. Reg. 3358, effective March 1, 1985; amended at 9 Ill. Reg. 9176, effective May 30, 1985; amended at 9 Ill. Reg. 12863, effective August 2, 1985; amended at 9 Ill. Reg. 14711, effective September 13, 1985; amended at 10 Ill. Reg. 1243, effective January 6, 1986; amended at 10 Ill. Reg. 4245, effective February 26, 1986; amended at 10 Ill. Reg. 14308, effective August 19, 1986; recodified at 11 Ill. Reg. 15920; amended at 12 Ill. Reg. 14711, effective September 15, 1988; amended at 12 Ill. Reg. 15193, effective September 15, 1988; amended at 13 Ill. Reg. 1598, effective February 1, 1989; amended at 13 Ill. Reg. 5173, effective April 1, 1989; amended at 13 Ill. Reg. 7965, effective May 15, 1989; amended at 13 Ill. Reg. 15102, effective September 15, 1989; amended at 14 Ill. Reg. 4560, effective March 1, 1990; amended at 14 Ill. Reg. 6848, effective April 18, 1990; amended at 14 Ill. Reg. 9492, effective June 1, 1990; amended at 14 Ill. Reg. 19066, effective November 15, 1990; amended at 15 Ill. Reg. 12782, effective August 15, 1991; amended at 16 Ill. Reg. 12587, effective August 1, 1992; amended at 19 Ill. Reg. 11947, effective August 1, 1995; amended at 19 Ill. Reg. 16289, effective NOV 27 1995.

SUBPART F: FEES

SECRETARY OF STATE

NOTICE OF ADOPTED RULES

Section 1010.540 Maximum Fees for Distribution of Motor Vehicle Renewal Plates and/or Stickers

The maximum fee and service charge to be imposed upon an applicant for motor vehicle renewal license plates and/or stickers by any financial institution shall be $4.00 ~~$3.50~~. The actual fee allowed shall be set out in the agreement between the Secretary of State and the financial institution and/or the agreement between financial institutions. No additional charge shall be imposed upon the applicant by any such person, firm, corporation or private institution, or its authorized agent for distribution of motor vehicle renewal license plates and/or stickers. The term Financial Institution, for the purposes of this rule, shall mean any federal or state chartered bank, savings and loan, credit union, armored carrier, and any currency exchange either directly or indirectly through an armored carrier.

(Source: Amended at 19 Ill. Reg. 16289, effective NOV 27 1995)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Aid to Families with Dependent Children

2) Code Citation: 89 Ill. Adm. Code 112

3) Section Numbers: Emergency Action:

112.251	Amendment
112.252	Amendment
112.253	Amendment
112.254	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and P.A. 89-6.

5) Effective Date of Amendments: December 1, 1995

6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date Filed in Agency's Principal Office: December 1, 1995

8) Reason for Emergency: These emergency amendments are necessary to implement the Personal Responsibility Project effective December 1, 1995. This emergency rulemaking complies with provisions of Public Act 89-6 which require the Department of Public Aid to change the way grant amounts are calculated for families who have children while they receive AFDC. These emergency amendments establish that the payment level for an AFDC unit will not increase solely due to the birth of a baby. These amendments are intended to encourage families on AFDC to delay having more children until they are financially able to support them without assistance and to help move the families toward work and self-sufficiency. Public Act 89-6 allows the Department to implement the changes made by that amendatory Act through the use of emergency rulemaking.

9) Complete Description of the Subjects and Issues Involved: Pursuant to Public Act 89-6 and based upon the receipt of an approved federal waiver, the Department is making changes in the Aid to Families with Dependent Children (AFDC) program. These emergency amendments establish that effective January 1, 1996, cash assistance will not increase solely because of the birth of a child to the assistance unit. The cash assistance will be capped at the pre-birth payment level. This demonstration will be tested in selected local offices designated as research sites. Cases in research sites will be assigned to experimental and control groups. Medicaid coverage, food stamps and child care will not be included in the cap. This rulemaking provides that cash assistance will not increase for an assistance unit that fails to comply with eligibility requirements or an assistance unit that voluntarily requests termination of cash assistance and subsequently becomes eligible for cash

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

assistance within nine months. However, an increase in the payment level will be allowed if:

1) the birth is to a pregnant woman who became eligible for cash assistance during the pregnancy;

2) for cases active as of January 1, 1996, the birth occurs within ten months of the date of implementation (by October 31, 1996);

3) the child is conceived after the family became ineligible for cash assistance due to income or marriage and at least three payment months of ineligibility have passed before any reapplication;

4) the child was born while the parent or caretaker relative was on cash assistance, the assistance unit did not receive an increase in assistance due to the birth of this child and the parent or other caretaker relative has been off cash assistance for nine payment months;

5) the child was born as a result of a verified rape or incest; or

6) the child (including all children in the case of multiple births) was born to a minor included in an AFDC grant who became a first-time minor parent. These emergency amendments do not prevent an assistance unit from receiving a general increase in the amount of aid that is provided to all recipients. This rulemaking also deletes references to "grandfathered" payment levels as they have been phased out. Related changes are also being proposed in 89 Ill. Adm. Code 170. Related rulemakings were published on July 21, 1995 at 19 Ill. Reg. 10363 and 10381.

10) Are there any Proposed Amendments pending to this Part? Yes

Sections	Proposed Action	Illinois Register Citation
112.65	New Section	September 15, 1995 (19 Ill. Reg. 12927)
112.70	Amendment	October 13, 1995 (19 Ill. Reg. 14292)
112.71	Amendment	August 18, 1995 (19 Ill. Reg. 11773)
112.71	Amendment	October 13, 1995 (19 Ill. Reg. 14292)
112.72	Amendment	October 13, 1995 (19 Ill. Reg. 14292)
112.73	Amendment	August 18, 1995 (19 Ill. Reg. 11773)
112.74	Amendment	October 13, 1995 (19 Ill. Reg. 14292)
112.76	Amendment	October 13, 1995 (19 Ill. Reg. 14292)
112.77	Amendment	October 13, 1995 (19 Ill. Reg. 14292)
112.78	Amendment	October 13, 1995 (19 Ill. Reg. 14292)
112.79	Amendment	October 13, 1995 (19 Ill. Reg. 14292)
112.251	Amendment	July 21, 1995 (19 Ill. Reg. 10363)

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112.252	Amendment	July 21, 1995 (19 Ill. Reg. 10363)
112.253	Amendment	July 21, 1995 (19 Ill. Reg. 10363)
112.254	Amendment	July 21, 1995 (19 Ill. Reg. 10363)
112.303	Amendment	October 6, 1995 (19 Ill. Reg. 13759)

11) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.

12) Information and questions regarding these Emergency Amendments shall be directed to:

Name: Judy Umunna
Address: Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 112
AID TO FAMILIES WITH DEPENDENT CHILDREN

SUBPART A: GENERAL PROVISIONS

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

SUBPART C: JOB OPPORTUNITIES AND BASIC SKILLS TRAINING (JOBS) PROGRAM

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

SUBPART E: PROJECT ADVANCE

SUBPART F: EXCHANGE PROGRAM

SUBPART G: FINANCIAL FACTORS OF ELIGIBILITY

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

SUBPART H: PAYMENT AMOUNTS

SUBPART I: OTHER PROVISIONS

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

SUBPART J: CHILD CARE

SUBPART K: TRANSITIONAL CHILD CARE

AUTHORITY: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. IV and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3

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NOTICE OF EMERGENCY AMENDMENTS

Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 11, 1983; rules repealed and new rules adopted and codified at 7 Ill. Reg. 2720, effective February 28, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 11284, effective August 26, 1983; amended at 7 Ill. Reg. 13920, effective October 7, 1983; amended at 7 Ill. Reg. 15690, effective November 9, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16105; amended at 7 Ill. Reg. 17344, effective December 21, 1983; amended at 8 Ill. Reg. 213, effective December 27,

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1983; emergency amendment at 8 Ill. Reg. 569, effective January 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 4176, effective March 19, 1984; amended at 8 Ill. Reg. 5207, effective April 9, 1984; amended at 8 Ill. Reg. 7226, effective May 16, 1984; amended at 8 Ill. Reg. 11391, effective June 27, 1984; amended at 8 Ill. Reg. 12333, effective June 29, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17894; peremptory amendment at 8 Ill. Reg. 18127, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 19889, effective October 1, 1984; amended at 8 Ill. Reg. 19983, effective October 3, 1984; emergency amendment at 8 Ill. Reg. 21666, effective October 19, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21621, effective October 23, 1984; amended at 8 Ill. Reg. 25023, effective December 19, 1984; amended at 9 Ill. Reg. 282, effective January 1, 1985; amended at 9 Ill. Reg. 4062, effective March 15, 1985; amended at 9 Ill. Reg. 8155, effective May 17, 1985; emergency amendment at 9 Ill. Reg. 10094, effective June 19, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11317, effective July 5, 1985; amended at 9 Ill. Reg. 12795, effective August 9, 1985; amended at 9 Ill. Reg. 15887, effective October 4, 1985; amended at 9 Ill. Reg. 16277, effective October 11, 1985; amended at 9 Ill. Reg. 17827, effective November 18, 1985; emergency amendment at 10 Ill. Reg. 354, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 1172, effective January 10, 1986; amended at 10 Ill. Reg. 3641, effective January 30, 1986; amended at 10 Ill. Reg. 4885, effective March 7, 1986; amended at 10 Ill. Reg. 8118, effective May 1, 1986; amended at 10 Ill. Reg. 10628, effective June 1, 1986; amended at 10 Ill. Reg. 11017, effective June 6, 1986; Sections 112.78 through 112.86 and 112.88 recodified to 89 Ill. Adm. Code 160 at 10 Ill. Reg. 11928; emergency amendment at 10 Ill. Reg. 12107, effective July 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 12650, effective July 14, 1986; amended at 10 Ill. Reg. 14681, effective August 29, 1986; amended at 10 Ill. Reg. 15101, effective September 5, 1986; amended at 10 Ill. Reg. 15621, effective September 19, 1986; amended at 10 Ill. Reg. 21860, effective December 12, 1986; amended at 11 Ill. Reg. 2280, effective January 16, 1987; amended at 11 Ill. Reg. 3140, effective January 30, 1987; amended at 11 Ill. Reg. 4682, effective March 6, 1987; amended at 11 Ill. Reg. 5223, effective March 11, 1987; amended at 11 Ill. Reg. 6228, effective March 20, 1987; amended at 11 Ill. Reg. 9927, effective May 15, 1987; amended at 11 Ill. Reg. 12003, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 12432, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12908, effective July 30, 1987; emergency amendment at 11 Ill. Reg. 12935, effective August 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13625, effective August 1, 1987; amended at 11 Ill. Reg. 14755, effective August 26, 1987; amended at 11 Ill. Reg. 18679, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18781, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20114, effective December 4, 1987; Sections 112.90 and 112.95 recodified to Sections 112.52 and 112.54 at 11 Ill. Reg. 20610; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 844, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1929, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 2126, effective January 12, 1988; SUBPARTS C, D and E recodified to

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SUBPARTS G, H and I at 12 Ill. Reg. 2136; amended at 12 Ill. Reg. 3487, effective January 22, 1988; amended at 12 Ill. Reg. 6159, effective March 18, 1988; amended at 12 Ill. Reg. 6694, effective March 22, 1988; amended at 12 Ill. Reg. 7336, effective May 1, 1988; amended at 12 Ill. Reg. 7673, effective April 20, 1988; amended at 12 Ill. Reg. 9032, effective May 20, 1988; amended at 12 Ill. Reg. 10481, effective June 13, 1988; amended at 12 Ill. Reg. 14172, effective August 30, 1988; amended at 12 Ill. Reg. 14669, effective September 16, 1988; amended at 13 Ill. Reg. 70, effective January 1, 1989; amended at 13 Ill. Reg. 6017, effective April 14, 1989; amended at 13 Ill. Reg. 8567, effective May 22, 1989; amended at 13 Ill. Reg. 16006, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16142, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 705, effective January 1, 1990; amended at 14 Ill. Reg. 3170, effective February 13, 1990; amended at 14 Ill. Reg. 3575, effective February 23, 1990; amended at 14 Ill. Reg. 6306, effective April 16, 1990; amended at 14 Ill. Reg. 10379, effective June 20, 1990; amended at 14 Ill. Reg. 13562, effective August 10, 1990; amended at 14 Ill. Reg. 14140, effective August 17, 1990; amended at 14 Ill. Reg. 16937, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 338, effective January 1, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 2862, effective February 4, 1991, for a maximum of 150 days; emergency expired July 4, 1991; amended at 15 Ill. Reg. 5275, effective April 1, 1991; amended at 15 Ill. Reg. 5684, effective April 10, 1991; amended at 15 Ill. Reg. 11127, effective July 19, 1991; amended at 15 Ill. Reg. 11447, effective July 25, 1991; amended at 15 Ill. Reg. 14227, effective September 30, 1991; amended at 15 Ill. Reg. 17308, effective November 18, 1991; amended at 16 Ill. Reg. 9972, effective June 15, 1992; amended at 16 Ill. Reg. 11550, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 11652, effective July 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 13629, effective September 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 17724, effective November 9, 1992; amended at 16 Ill. Reg. 20147, effective December 14, 1992; amended at 17 Ill. Reg. 357, effective December 24, 1992; amended at 17 Ill. Reg. 813, effective January 15, 1993; amended at 17 Ill. Reg. 2253, effective February 15, 1993; amended at 17 Ill. Reg. 4312, effective March 25, 1993; emergency amendment at 17 Ill. Reg. 6325, effective April 9, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 6792, effective April 21, 1993; amended at 17 Ill. Reg. 15017, effective September 3, 1993; amended at 17 Ill. Reg. 19156, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 19696, effective November 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 5909, effective March 31, 1994; amended at 18 Ill. Reg. 6994, effective April 27, 1994; amended at 18 Ill. Reg. 8703, effective June 1, 1994; amended at 18 Ill. Reg. 10774, effective June 27, 1994; amended at 18 Ill. Reg. 12805, effective August 5, 1994; amended at 18 Ill. Reg. 15774, effective October 17, 1994; expedited correction at 19 Ill. Reg. 998, effective October 17, 1994; amended at 19 Ill. Reg. 2845, effective February 24, 1995; amended at 19 Ill. Reg. 5609, effective March 31, 1995; amended at 19 Ill. Reg. 7883, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 10206, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 12011, effective August 7, 1995, for a maximum of 150

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days; amended at 19 Ill. Reg. 12664, effective September 1, 1995; emergency amendment at 19 Ill. Reg. 15244, effective November 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15661, effective November 3, 1995; emergency amendment at 19 Ill. Reg. 15839, effective November 15, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 16295, effective December 1, 1995, for a maximum of 150 days.

SUBPART H: PAYMENT AMOUNTS

Section 112.251 Payment Levels in AFDC
EMERGENCY

a) The Payment Levels for AFDC are flat, monthly standard amounts. The amount for an assistance unit is based in three variables:
   1) The number in the assistance unit except as specified in subsection (b) below,~~.~~
   2) The presence or absence of an adult in the assistance unit, and
   3) The grouping of the county in which the assistance unit lives.

b) Effective January 1, 1996, cash assistance will not increase solely because of the birth of a child to any member of the assistance unit. The cash assistance shall be capped at the pre-birth payment level. This demonstration will be tested in selected local offices designated as research sites. Cases in the research sites will be assigned to experimental and control groups. Cases assigned to the experimental groups shall be subject to the Family Accountability Demonstration provisions. Medicaid coverage, food stamps and child care are not included in the cap.
   1) Cash assistance will not increase due to the birth of a child to any member of the assistance unit if an assistance unit fails to comply with the eligibility requirements or an assistance unit voluntarily requests termination of cash assistance and subsequently becomes eligible for cash assistance within nine months.
   2) An increase in the payment level due to the birth of a child to any member of the assistance unit is allowed if:
      A) the birth is to a pregnant woman who became eligible for cash assistance during the pregnancy;
      B) for cases active as of January 1, 1996, the birth occurs within ten months after the date of implementation (by October 31, 1996);
      C) the child is conceived after the family became ineligible for cash assistance due to income or marriage and at least three payment months of ineligibility have passed before any reapplication;
      D) the child was born while the parent or caretaker relative was on cash assistance, the assistance unit did not receive an increase in assistance due to the birth of this child and the parent or other caretaker relative has been off cash

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assistance for nine payment months;

E) the child was born as a result of incest or forcible rape based on the statement of the woman which is corroborated by a third party; or

F) the child (including all children in the case of multiple births) was born to a minor included in an AFDC grant who became a first-time minor parent.

c) The assistance unit may receive a general increase in the amount of aid that is provided to all recipients.

d) ~~b)~~ All rounding in determining payment levels is done by rounding down to the next whole dollar amount.

(Source: Emergency amendment at 19 Ill. Reg. 16295, effective December 1, 1995, for a maximum of 150 days)

Section 112.252 Payment Levels in AFDC Group I Counties
EMERGENCY

a) The following Payment Levels are established for the AFDC Program in Group I Counties.

b) The counties included in Group I are:

Boone	Kane	Ogle
Champaign	Kankakee	Whiteside
Cook	Kendall	Winnebago
Dekalb	Lake	Woodford
DuPage	McHenry	

SIZE OF ASSISTANCE UNIT	CARETAKER RELATIVE(S) AND CHILD(REN) CURRENT	~~GRANDFATHERED~~	CHILD(REN) ONLY CURRENT	~~GRANDFATHERED~~
1	212		102	
2	278		201	
3	377		249	
4	414		319	
5	485		379	
6	545		407	~~417~~
7	574		438	479
8	604		469	
9	635	~~649~~	503	
10	669	~~700~~	538	
11	705		576	
12	741		614	
13	781			
14	822			
15	866			
16	911			

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17	959
18	1010

c) For family sizes greater than 18 or 12, the amount of the payment level shall be determined by adding $50.00 or $38.00 respectively for each person above 18 or 12.

d) As the legislature has determined that payments under the AFDC program should contain amounts for the purpose of energy assistance, and has directed that such amounts be established by rule, the first $18 of the AFDC Payment Level for Caretaker Relatives and Children has been designated as being for the purpose of energy assistance.

e) Effective January 1, 1996, cash assistance will not increase solely because of the birth of a child to any member of the assistance unit. The cash assistance shall be capped at the pre-birth payment level. This demonstration will be tested in selected local offices designated as research sites. Cases in the research sites will be assigned to experimental and control groups. Cases assigned to the experimental groups shall be subject to the Family Accountability Demonstration provisions. Medicaid coverage, food stamps and child care are not included in the cap.

1) Cash assistance will not increase due to the birth of a child to any member of the assistance unit if an assistance unit fails to comply with eligibility requirements or an assistance unit voluntarily requests termination of cash assistance and subsequently becomes eligible for cash assistance within nine months.

2) An increase in the payment level due to the birth of a child to any member of the assistance unit is allowed if:

A) the birth is to a pregnant woman who became eligible for cash assistance during the pregnancy;

B) for cases active as of January 1, 1996, the birth occurs within ten months after the date of implementation (by October 31, 1996);

C) the child is conceived after the family became ineligible for cash assistance due to income or marriage and at least three payment months of ineligibility have passed before any reapplication;

D) the child was born while the parent or character relative was on cash assistance, the assistance unit did not receive an increase in assistance due to the birth of this child and the parent or other caretaker relative has been off cash assistance for nine payment months;

E) the child was born as a result of incest or forcible rape based on the statement of the woman which is corroborated by a third party; or

F) the child (including all children in the case of multiple births) was born to a minor included in an AFDC grant who became a first-time minor parent.

f) The assistance unit may receive a general increase in the amount of

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aid that is provided to all recipients.

~~e) For assistance units which contain both caretaker relatives and children and which contain nine (9) or more persons, two payment levels are established - Current and Grandfathered. Likewise, for assistance units with children only and which contain eight (8) or more persons, two payment levels are established - Current and Grandfathered.~~

~~1) Grandfathered - Payment levels apply for families who are at that family size as of January 1, 1987. Those families will remain at that Payment level until there is a change in family composition or the family goes off the assistance rolls. If such a family changes family composition (adds a member or loses a member), thereafter the Current Payment level for the appropriate family size will be used. If such a family goes off assistance and then comes back on, the family will come back on the assistance rolls at the Current Payment level for the appropriate family size. The Department will not withdraw "grandfathered" status if a change in family composition is rescinded or if an assistance unit is erroneously cancelled and then reinstated.~~

~~2) Current Payment levels are the regular Payment levels used by the Department and shall be used for all persons except those who meet the criteria of subsection (e)(1) above.~~

(Source: Emergency amendment at 19 Ill. Reg. 16295, effective December 1, 1995, for a maximum of 150 days)

Section 112.253 Payment Levels in AFDC Group II Counties
EMERGENCY

a) The following Payment Levels are established for the AFDC Program in Group II Counties.

b) The counties included in AFDC Group II are:

Adams	Henry	Macoupin	Putnam
Bureau	Iroquois	Madison	Rock Island
Carroll	Jackson	McDonough	Sangamon
Clinton	Jo Daviess	McLean	St. Clair
Coles	Knox	Mercer	Stephenson
DeWitt	LaSalle	Monroe	Tazewell
Douglas	Lee	Moultrie	Vermilion
Effingham	Livingston	Peoria	Wabash
Ford	Logan	Piatt	Warren
Fulton	Macon		Will
Grundy			

SIZE OF ASSIS-	CARETAKER RELATIVE(S) AND CHILD(REN)	CHILD(REN) ONLY
TANCE UNIT	CURRENT	CURRENT ~~GRANDFATHERED~~
1	204	97
2	269	194
3	365	242
4	403	311
5	471	369
6	529	397 ~~403~~
7	557	427
8	588	459
9	619	491
10	651	525
11	685	561
12	721	599
13	760	
14	799	
15	841	
16	886	
17	934	
18	982	

c) For family sizes greater than 18 or 12, the amount of the payment level shall be determined by adding $48.00 or $38.00 respectively for each person above 18 or 12.

d) As the legislature has determined that payments under the AFDC program should contain amounts for the purpose of energy assistance, and has directed that such amounts be established by rule, the first $18 of the AFDC Payment Level for Caretaker Relatives and Children has been designated as being for the purpose of energy assistance.

e) Effective January 1, 1996, cash assistance will not increase solely because of the birth of a child to any member of the assistance unit. The cash assistance shall be capped at the pre-birth payment level. This demonstration will be tested in selected local offices designated as research sites. Cases in the research sites will be assigned to experimental and control groups. Cases assigned to the experimental groups shall be subject to the Family Accountability Demonstration provisions. Medicaid coverage, food stamps and child care are not included in the cap.

1) Cash assistance will not increase due to the birth of a child to any member of the assistance unit if an assistance unit fails to comply with eligibility requirements or an assistance unit voluntarily requests termination of cash assistance and subsequently becomes eligible for cash assistance within nine months.

2) An increase in the payment level due to the birth of a child to any member of the assistance unit is allowed if:

A) the birth is to a pregnant woman who became eligible for cash assistance during the pregnancy;

B) for cases active as of January 1, 1996, the birth occurs

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within ten months after the date of implementation (by October 31, 1996);

C) the child is conceived after the family became ineligible for cash assistance due to income or marriage and at least three payment months of ineligibility have passed before any reapplication;

D) the child was born while the parent or caretaker relative was on cash assistance, the assistance unit did not receive an increase in assistance due to the birth of this child and the parent or other caretaker relative has been off cash assistance for nine payment months;

E) the child was born as a result of incest or forcible rape based on the statement of the woman which is corroborated by a third party; or

F) the child (including all children in the case of multiple births) was born to a minor included in an AFDC grant who became a first-time minor parent.

f) The assistance unit may receive a general increase in the amount of aid that is provided to all recipients.

~~e) For assistance units which contain both caretaker relatives and children and which contain nine (9) or more persons, two payment levels are established. Current and Grandfathered. Likewise, for assistance units with children only, and which contain six (6) or more persons, two Payment levels are established. Current and Grandfathered.~~

~~1) Grandfathered Payment levels apply for families who are at that family size as of January 1, 1987. Those families will remain at that Payment level until there is a change in family composition or the family goes off the assistance rolls. If such a family changes family composition (adds a member or loses a member), thereafter the Current Payment level for the appropriate family size will be used. If such a family goes off assistance and then comes back on, the family will come back on the assistance rolls at the Current Payment level for the appropriate family size. The Department will not withdraw "grandfathered" status is a change in family composition is rescinded or if an assistance unit is erroneously cancelled and then reinstated.~~

~~2) Current Payment levels are the regular Payment levels used by the Department and shall be used for all persons except those who meet the criteria of subsection (e)(1) above.~~

(Source: Emergency amendment at 19 Ill. Reg. 16295, effective December 1, 1995, for a maximum of 150 days)

Section 112.254 Payment Levels in AFDC Group III Counties
EMERGENCY

a) The following Payment Levels are established for the AFDC Program in

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Group III Counties.

b) The counties included in Group III are:

Alexander	Fayette	Lawrence	Richland
Bond	Franklin	Marion	Saline
Brown	Gallatin	Marshall	Schuyler
Calhoun	Greene	Mason	Scott
Cass	Hamilton	Massac	Shelby
Christian	Hancock	Menard	Stark
Clark	Hardin	Montgomery	Union
Clay	Henderson	Perry	Washington
Crawford	Jasper	Pike	Wayne
Cumberland	Jefferson	Pope	White
Edgar	Jersey	Pulaski	Williamson
Edwards	Johnson	Randolph	

SIZE OF ASSISTANCE UNIT	CARETAKER RELATIVE(S) AND CHILD(REN) CURRENT	CHILD(REN) ONLY CURRENT
1	173	94
2	257	188
3	349	237
4	389	302
5	453	359
6	511	387
7	538	414
8	566	445
9	597	477
10	628	510
11	662	545
12	696	581
13	733	
14	771	
15	812	
16	855	
17	900	
18	948	

c) For family sizes greater than 18 or 12, the amount of the payment level shall be determined by adding $48.00 or $36.00 respectively for each person above 18 or 12.

d) As the legislature has determined that payments under the AFDC program should contain amounts for the purpose of energy assistance, and has directed that such amounts be established by rule, the first $18 of the AFDC Payment Level for Caretaker Relatives and Children has been designated as being for the purpose of energy assistance.

e) Effective January 1, 1996, cash assistance will not increase solely

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because of the birth of a child to any member of the assistance unit. The cash assistance shall be capped at the pre-birth payment level. This demonstration will be tested in selected local offices designated as research sites. Cases in the research sites will be assigned to experimental and control groups. Cases assigned to the experimental groups shall be subject to the Family Accountability Demonstration provisions. Medicaid coverage, food stamps and child care are not included in the cap.

1) Cash assistance will not increase due to the birth of a child to any member of the assistance unit if an assistance unit fails to comply with eligibility requirements or an assistance unit voluntarily requests termination of cash assistance and subsequently becomes eligible for cash assistance within nine months.

2) An increase in the payment level due to the birth of a child to any member of the assistance unit is allowed if:

A) the birth is to a pregnant woman who became eligible for cash assistance during the pregnancy;

B) for cases active as of January 1, 1996, the birth occurs within ten months after the date of implementation (by October 31, 1996);

C) the child is conceived after the family became ineligible for cash assistance due to income or marriage and at least three payment months of ineligibility have passed before any reapplication;

D) the child was born while the parent or caretaker relative was on cash assistance, the assistance unit did not receive an increase in assistance due to the birth of this child and the parent or other caretaker relative has been off cash assistance for nine payment months;

E) the child was born as a result of incest or forcible rape based on the statement of the woman which is corroborated by a third party; or

F) the child (including all children in the case of multiple births) was born to a minor included in an AFDC grant who became a first-time minor parent.

f) The assistance unit may receive a general increase in the amount of aid that is provided to all recipients.

~~e) For an assistance unit which contains both caretaker relative(s) and children of eleven (11) persons, two payment levels are established Current and Grandfathered.~~

~~1) Grandfathered Payment levels apply for families who are at that family size as of January 1, 1987. Those families will remain at that Payment level until there is a change in family composition or the family goes off the assistance rolls. If such a family changes family composition (adds a member or loses a member), thereafter the Current Payment level for the appropriate family size will be used. If such a family goes off assistance and then comes back on, the family will come back on the assistance rolls at the Current Payment level for the appropriate family size. The Department will not withdraw "grandfathered" status if a change in family composition is rescinded or if an assistance unit is erroneously cancelled and then reinstated.~~

~~2) Current Payment levels are the regular Payment levels used by the Department and shall be used for all persons except those who meet the criteria of subsection (e)(1) above.~~

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(Source: Emergency amendment at 19 Ill. Reg. 16295, effective December 1, 1995, for a maximum of 150 days)

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1) Heading of the Part: Demonstration Projects

2) Code Citation: 89 Ill. Adm. Code 170

3) Section Numbers: Emergency Action:

170.350	New Section
170.370	New Section

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and P.A. 89-6.

5) Effective Date of Amendments: December 1, 1995

6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date Filed in Agency's Principal Office: December 1, 1995

8) Reason for Emergency: These emergency amendments are necessary to implement the Personal Responsibility Project effective December 1, 1995. This emergency rulemaking complies with provisions of Public Act 89-6 which require the Department of Public Aid to change the way grant amounts are calculated for families who have children while they receive AFDC. These emergency amendments establish that the payment level for an AFDC unit will not increase solely due to the birth of a baby. These amendments are intended to encourage families on AFDC to delay having more children until they are financially able to support them without assistance and to help move the families toward work and self-sufficiency.

These emergency amendments also implement the Targeted Work Initiative effective December 1, 1995. Public Act 89-6 also requires the Department to support clients in their efforts to achieve employment goals. In accordance, the Targeted Work Initiative provides that clients whose youngest child is 13 years old or older will be limited to 24 months of AFDC eligibility. Any month with budgeted earned income will not count toward the 24 months. Public Act 89-6 allows the Department to implement the changes made by that amendatory Act through the use of emergency rulemaking.

9) Complete Description of the Subjects and Issues Involved:

Section 170.350

Pursuant to Public Act 89-6 and based upon the receipt of an approved federal waiver, the Department is making changes in the Aid to Families with Dependent Children (AFDC) program. These emergency amendments establish that effective January 1, 1996, cash assistance will not

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increase solely because of the birth of a child to the assistance unit. The cash assistance will be capped at the pre-birth payment level. This demonstration will be tested in selected local offices designated as research sites. Cases in research sites will be assigned to experimental and control groups. Medicaid coverage, food stamps and child care will not be included in the cap.

This rulemaking provides that cash assistance will not increase for an assistance unit that fails to comply with eligibility requirements or an assistance unit that voluntarily requests termination of cash assistance and subsequently becomes eligible for cash assistance within nine months. However, an increase in the payment level will be allowed if:

1) the birth is to a pregnant woman who became eligible for cash assistance during the pregnancy;

2) for cases active as of January 1, 1996, the birth occurs within ten months of the date of implementation (by October 31, 1996);

3) the child is conceived after the family became ineligible for cash assistance due to income or marriage and at least three payment months of ineligibility have passed before any reapplication;

4) the child was born while the parent or caretaker relative was on cash assistance, the assistance unit did not receive an increase in assistance due to the birth of this child and the parent or other caretaker relative has been off cash assistance for nine payment months;

5) the child was born as a result of a verified rape or incest; or

6) the child (including all children in the case of multiple births) was born to a minor included in an AFDC grant who became a first-time minor parent.

Related changes are also being proposed in 89 Ill. Adm. Code 112. Related rulemakings were published on July 21, 1995 at 19 Ill. Reg. 10363 and 10381.

Section 170.370

Targeted Work Initiative

The Targeted Work Initiative will require AFDC recipients whose youngest child is age 13 or older to find work and stay employed as a condition of receiving welfare. Clients with at least a high school education must complete eight weeks of independent job search. Clients with less than a

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high school education will have the option to participate in job search, job training or a GED program.

If the eight-week job search fails, a caseworker-assisted job search will begin with specific job referrals being made. The client must accept the first offer or find an alternative. If still no job develops, the client will be placed on a Work First assignment and required to continue job search. If the client has not found a job after being on AFDC for a total of 24 months, cash benefits for the entire family will end for the same amount of time.

Receipt of cash assistance by Targeted Work Initiative participants will be limited to 24 months. Months in which the participant has earnings or is exempt will not count toward the 24 month limit. Beginning with the first month of the 24 month eligibility period, the addition to the household of a child under age 13 or the birth of a child more than 10 months later will not extend the 24 month period of eligibility.

After reaching the 24 month limit, the participant will be ineligible for cash assistance for a period of 24 months. When the participant is off AFDC cash assistance for 24 consecutive months, for any reason, the 24 month period of eligibility will start over.

Clients who do not accept employment will be sanctioned. Months during which the participant is sanctioned will count as part of the 24 month eligibility period if the participant would otherwise have received cash assistance.

A related rulemaking was published on August 4, 1995 at 19 Ill. Reg. 11316.

10) Are there any Proposed Amendments pending to this Part? Yes

Sections	Proposed Action	Illinois Register Citation
170.300	Amendment	July 7, 1995 (19 Ill. Reg. 8933)
170.350	New Section	July 21, 1995 (19 Ill. Reg. 10381)
170.360	New Section	August 4, 1995 (19 Ill. Reg. 11316)
170.370	New Section	August 4, 1995 (19 Ill. Reg. 11316)
170.380	New Section	October 6, 1995 (19 Ill. Reg. 13789)
170.390	New Section	November 27, 1995 (19 Ill. Reg. 15786)
170.400	New Section	November 17, 1995 (19 Ill. Reg. 15572)
170.450	New Section	December 1, 1995 (19 Ill. Reg. 16025)

11) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.

12) Information and questions regarding these Emergency Amendments shall be

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directed to:

Name: Judy Umunna
Address: Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER g: DEMONSTRATION PROGRAMS

PART 170
DEMONSTRATION PROGRAMS

SUBPART A: THE FRESH START
WELFARE REFORM DEMONSTRATION PROGRAM

Section
170.10 Youth Employment and Training Initiative
170.20 Paternal Involvement Project
170.30 Homeless Families Support Project
170.40 Family Responsibility Project
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170.110 Career Advancement Experimental and Control Groups
170.120 Career Advancement Participation Requirements of Experimental Group Members
170.130 Career Advancement Supportive Services for Experimental Group Members

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Section
170.200 Community Group Participation Program

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Sections
170.250 Work Pays Demonstration

SUBPART E: FAMILY DEVELOPMENT PLAN

170.300 Truancy Prevention Project

SUBPART F: WORK AND RESPONSIBILITY DEMONSTRATION

Section
170.350 Family Accountability
EMERGENCY
170.360 Get a Job Initiative
EMERGENCY
170.370 Targeted Work Initiative (TWI)

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EMERGENCY
170.380 Quarterly Reporting - Failure to Report Employment Demonstration Program
EMERGENCY
170.390 Employment Plan Demonstration Project
EMERGENCY

AUTHORITY: Implementing and authorized by Sections 4-1, 4-1.10, 4-8, 4-17, 11-20, 12-13 and 12-4.28 of the Illinois Public Aid Code [305 ILCS 5/4-1, 4-1.10, 4-8, 4-17, 11-20, 12-13 and 12-4.28].

SOURCE: Adopted at 13 Ill. Reg. 14067, effective August 23, 1989; amended at 14 Ill. Reg. 19320, effective November 30, 1990; amended at 17 Ill. Reg. 19197, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 19721, effective November 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3372, effective February 28, 1994; emergency amendment at 19 Ill. Reg. 645, effective January 9, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 7901, effective June 8, 1995; emergency amendment at 19 Ill. Reg. 15256, effective November 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 15849, effective November 15, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 16314, effective December 1, 1995, for a maximum of 150 days.

SUBPART F: WORK AND RESPONSIBILITY DEMONSTRATION

Section 170.350 Family Accountability
EMERGENCY

a) Effective January 1, 1996, cash assistance will not increase solely because of the birth of a child to any member of the assistance unit. The cash assistance shall be capped at the pre-birth payment level. This demonstration will be tested in selected local offices designated as research sites. Cases in the research sites will be assigned to experimental and control groups. In the research sites only, cases assigned to the experimental groups shall be subject to the Family Accountability Demonstration provisions. Medicaid coverage, food stamps and child care are not included in the cap.

b) Cash assistance will not increase due to the birth of a child to any member of the assistance unit if an assistance unit fails to comply with eligibility requirements or an assistance unit voluntarily requests termination of cash assistance and subsequently becomes eligible for cash assistance within nine months.

c) An increase in the payment level due to the birth of a child to any member of the assistance unit is allowed if:

1) the birth is to a pregnant woman who became eligible for cash assistance during the pregnancy;

2) for cases active as of January 1, 1996, the birth occurs within

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ten months of the date of implementation (by October 31, 1996);

3) the child is conceived after the family became ineligible for cash assistance due to income or marriage and at least three payment months of ineligibility have passed before any reapplication;

4) the child was born while the parent or caretaker relative was on cash assistance, the assistance unit did not receive an increase in assistance due to the birth of this child and the parent or other caretaker relative has been off cash assistance for nine payment months;

5) the child was born as a result of incest or forcible rape based on the statement of the woman which is corroborated by a third party; or

6) the child was born to a minor included in an AFDC grant who became a first-time minor parent (including all children in the case of multiple births).

d) In three-generation assistance units, if the minor parent in the assistance unit requests that they be made the grantee, the former caretaker relative or caretaker relatives cannot be included in the minor grantee's assistance unit as an essential person.

e) The assistance unit may receive a general increase in the amount of aid that is provided to all recipients.

(Source: Emergency rule added at 19 Ill. Reg. 16314, effective December 1, 1995, for a maximum of 150 days)

Section 170.370 Targeted Work Initiative (TWI)
EMERGENCY

a) Demonstration Status
The Department will operate the Targeted Work Initiative (TWI) as a statewide demonstration for five years beginning December 1995. Some areas will be designated as the research sites where cases will be randomly assigned to an experimental or control group. Clients in these areas who are not in the experimental group will not participate in TWI.

b) Selection of Participants
AFDC and AFDC-U cash recipients whose youngest child is age 13 or older shall be required to participate in TWI and must seek and accept employment as part of the AFDC JOBS Program unless the recipient has earned income or is exempt for one of the following reasons (Other AFDC JOBS exemption reasons listed in 89 Ill. Adm. Code 112.71 do not apply to the TWI population):

1) Is temporarily ill or chronically ill.

A) An individual is temporarily ill, when determined by the local office, on the basis of medical evidence (for example, a statement from a medical provider) or on another sound basis that the illness or injury is serious enough to

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temporarily prevent the individual from engaging in employment or participating in JOBS. A sound basis for exemption from JOBS on a temporary basis includes but is not limited to: the observation of a cast on a broken leg or the client provides information of a scheduled surgery or recuperation from surgery. Minor ailments and injuries, such as colds, broken fingers or rashes, are not serious enough normally to exempt the individual under this criterion.

B) An individual is chronically ill or incapacitated, as determined by the local office, when a physician or licensed or certified psychologist finds that a physical or mental impairment, either by itself or in conjunction with age or other factors, prevents the individual from engaging in employment or participating in JOBS. This includes a 60 day period of recuperation after childbirth.

C) When an individual is determined either temporarily or chronically ill or incapacitated, the exemption shall continue until further action is taken by the Department. When the exemption is initially granted, the Department will establish a date as to when the condition warranting the exemption is expected to end or when review of the case will be reevaluated to determine whether the exempted individual continues to be exempt under the same procedures as for the initial determination of exemption with appropriate notice to the individual that the reevaluation is necessary.

2) The recipient provides full-time care for another household member due to that person's medical condition or incapacity.

3) Other AFDC JOBS exemption reasons listed in 89 Ill. Adm. Code 112.71 do not apply to the TWI population.

c) Time Limit on Receipt of Cash Assistance

1) Receipt of cash assistance by TWI participants shall be limited to 24 months. Months in which the participant has earnings or is exempt do not count toward the 24 month limit.

2) Beginning with the first month of the 24 month eligibility period, the addition to the household of a child under age 13 or the birth of a child more than 10 months later shall not extend the 24 month period of eligibility.

3) After reaching the 24 month limit, the participant shall be ineligible for cash assistance for a period of 24 months. When the participant is off AFDC cash assistance for 24 consecutive months, for any reason, the 24 month period of eligibility will start over.

d) Participation Requirements
During the 24 month eligibility period, participants must cooperate with the requirements of the AFDC JOBS Program as described in 89 Ill. Adm. Code 112.72. Participants who fail to cooperate shall be subject to sanction.

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e) Sanctions
  1) Conciliation (see 89 Ill. Adm. Code 112.77) will be attempted with participants who fail to meet participation requirements without good cause (see 89 Ill. Adm. Code 112.80).
  2) When conciliation is unsuccessful, the following penalties will apply:
    A) First sanction - The participant's needs will be removed from the grant until the participant agrees to cooperate.
    B) Second sanction - The participant's needs will be removed from the grant until the participant agrees to cooperate or for three months, whichever is longer.
    C) Third sanction - The participant's needs will be removed from the grant until the participant agrees to cooperate or for six months, whichever is longer.
    D) Fourth (or more) sanction - The entire grant will be discontinued until the participant agrees to cooperate or for six months, whichever is longer.
  3) When a participant refuses a bonafide offer of suitable employment (see 89 Ill. Adm. Code 112.72(a)(3) and (4)), the entire grant will be discontinued until the participant becomes employed or for three months, whichever comes first. This action is independent of the four level progressive sanctions described in subsections (e)(2)(A) through (D) of this Section. It does not count in the progression or change the order of these four sanctions.
  4) Months during which the participant is sanctioned shall count as part of the 24 month eligibility period if the participant would otherwise have received cash assistance.
f) Component Assignments for TWI Participants
  1) Initial Component Assignment
    A) Participants with a high school diploma, GED or recent work history will initially be required to complete eight weeks of independent Job Search followed by assisted Job Search.
    B) Participants who have neither a high school education nor recent work history will initially be given a choice of independent Job Search, Job Search plus job training or GED.
  2) Work First
    A) Participants who have completed their appropriate component and have not become employed after 12 months will be assigned to Work First.
    B) Participants in Work First must work 60 hours per month in an assigned, subsidized work position. Their AFDC grant will be reduced by this amount (60 hours x minimum wage). They will be paid minimum wage, by the employer, for only the number of hours they actually work.
    C) Participants in Work First must also complete 20 hours of Job Search per month.
    D) Participants will be assigned to Work First until they find unsubsidized employment or for a maximum of six months, whichever comes first.
    E) Participation in Work First does not extend the 24 month eligibility period.
    F) The Department will develop Work First positions with private employers and will provide Worker's Compensation coverage for participants.
g) Supportive Services
  Participants shall be provided all needed supportive services as described in 89 Ill. Adm. Code 112.82.

(Source: Emergency rule added at 19 Ill. Reg. 16314, effective December 1, 1995, for a maximum of 150 days)

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DEPARTMENT OF PROFESSIONAL REGULATION

NOTICE OF REFUSAL
TO MEET THE OBJECTION OF THE JOINT COMMITTEE
ON ADMINISTRATIVE RULES

1) Heading of the Part: Illinois Public Accounting Act

2) Code Citation: 68 Ill. Adm. Code 1420

3) Section Numbers: Action:

1420.35 Refusal

4) Date Notice of Proposed Rules Published in the Register:

March 31, 1995, at 19 Ill. Reg. 4961

5) Date JCAR Statement of Objection Published in the Register:

November 3, 1995, at 19 Ill. Reg. 15286

6) Summary of Action Taken by the Agency:

The Department of Professional Regulation refuses to modify or withdraw Section 1420.35 in response to the objection of the Joint Committee on Administrative Rules. The Department believes that statutory authority does exist to further define temporary practice for public accountants who are licensed by other States and Territories of the United States or the District of Columbia who do not reside or have an office in this State. The statute states: "Such temporary practice must be conducted in accordance with the relevant provisions of this Act and rules and regulations adopted hereunder, including provisions relating to disciplinary action." Without a definition of temporary practice each individual public accountant not licensed in Illinois could apply a different definition to temporary practice incidential to their regular practice and practice on a continuing basis without a license in Illinois.

DEPARTMENT OF LABOR

NOTICE OF PUBLIC HEARING ON PROPOSED RULES

1) Heading of the Part: Illinois Child Labor Law

2) Code Citation: 56 Ill. Adm. Code 250

3) Register Citation to Notice of Proposed Rules:

19 Ill. Reg. 15154 (Nov. 3, 1995)

4) Date, Time and Location of Public Hearing:

Monday, December 18, 1995
10:00 A.M.
Illinois Department of Labor
160 North LaSalle St., Suite C-1300
Chicago, Illinois 60601

5) Other Pertinent Information:

The hearing will be held for the sole purpose of gathering public comment on the proposed Rules. Persons interested in presenting testimony at this hearing are advised that the Illinois Department of Labor will adhere to the following procedures in the conduct of the hearing:

1. No oral testimony shall exceed an aggregate of twenty (20) minutes.

2. Each person presenting oral testimony shall provide to the hearing officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony will be accepted without a written copy of the testimony being provided.

3. No person will be recognized to speak for a second time until all persons wishing to testify have done so.

4. In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the hearing officer may impose such other rules of procedure, including the order of call of witnesses, as h/she deems necessary.

6) Name and Address of Agency Contact Person:

Questions regarding these proposed rules or the public hearing shall be directed to:

Scott D. Miller, Legal Counsel
Illinois Department of Labor
160 North LaSalle St., Suite C-1300
Chicago, Illinois 60601
(312)793-1805

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

JAMES R. THOMPSON CENTER
ROOM 16-503
CHICAGO, ILLINOIS
10:00 A.M.
DECEMBER 12, 1995

NOTICES: Due to Register submittal deadlines, the Agenda below is incomplete. Other items not contained in this published Agenda are likely to be considered by the Committee at the meeting.

It is the policy of the Committee to allow only representatives of state agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

Joint Committee on Administrative Rules
700 Stratton Building
Springfield, Illinois 62706

RULEMAKINGS SCHEDULED FOR JCAR REVIEW

The following rulemakings are scheduled for review at this meeting. JCAR staff may be proposing action with respect to some of these rulemakings. JCAR members may have questions concerning, and may initiate action with respect to, any item scheduled for JCAR review and any other issues within the Committee's purview.

PROPOSED RULEMAKINGS

Agriculture

Definitions (8 Ill Adm Code 20)
-First Notice Published: 19 Ill Reg 12776 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Animal Welfare Act (8 Ill Adm Code 25)
-First Notice Published: 19 Ill Reg 12750 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Animal Control Act (8 Ill Adm Code 30)
-First Notice Published: 19 Ill Reg 12734 - 9/15/95

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-Expiration of Second Notice Period: 12/30/95

Livestock Auction Markets (8 Ill Adm Code 40)
-First Notice Published: 19 Ill Reg 12826 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Hatcheries, Poultry Flocks, and Produce Thereof (8 Ill Adm Code 55)
-First Notice Published: 19 Ill Reg 12807 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Egg and Egg Products Act (8 Ill Adm Code 65)
-First Notice Published: 19 Ill Reg 13610 - 10/6/95
-Expiration of Second Notice Period: 1/5/96

Bovine Brucellosis (8 Ill Adm Code 75)
-First Notice Published: 19 Ill Reg 12762 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Diseased Animals (8 Ill Adm Code 85)
-First Notice Published: 19 Ill Reg 12783 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Illinois Dead Animal Disposal Act (8 Ill Adm Code 90)
-First Notice Published: 19 Ill Reg 12812 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Swine Brucellosis (8 Ill Adm Code 100)
-First Notice Published: 19 Ill Reg 12837 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Swine Disease Control and Eradication Act (8 Ill Adm Code 105)
-First Notice Published: 19 Ill Reg 12843 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Animal Diagnostic Laboratory Act (8 Ill Adm Code 110)
-First Notice Published: 19 Ill Reg 12739 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Illinois Pseudorabies Control Act (8 Ill Adm Code 115)
-First Notice Published: 19 Ill Reg 12821 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Equine Infectious Anemia Control (8 Ill Adm Code 116)
-First Notice Published: 19 Ill Reg 12798 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

Feeder Swine Dealer Licensing (68 Ill Adm Code 590)
-First Notice Published: 19 Ill Reg 12802 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Weights and Measures Act (8 Ill Adm Code 600)
-First Notice Published: 19 Ill Reg 13121 - 9/22/95
-Expiration of Second Notice Period: 1/3/96

Livestock Dealer Licensing (68 Ill Adm Code 610)
-First Notice Published: 19 Ill Reg 12832 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Auditor General

Code of Regulations (74 Ill Adm Code 420)
-First Notice Published: 19 Ill Reg 12114 - 8/25/95
-Expiration of Second Notice Period: 1/4/96

Code of Rules (74 Ill Adm Code 440)
-First Notice Published: 19 Ill Reg 12143 - 8/25/95
-Expiration of Second Notice Period: 1/4/96

Banks and Trust Companies

Quarterly Statement of Affairs (38 Ill Adm Code 371)
-First Notice Published: 19 Ill Reg 13627 - 10/6/95
-Expiration of Second Notice Period: 1/4/96

Children and Family Services

Access to and Eligibility for Child Welfare Services (89 Ill Adm Code 304)
-First Notice Published: 19 Ill Reg 10345 - 7/21/95
-Expiration of Second Notice Period: 12/15/95

Licensing Standards for Foster Family Homes (89 Ill Adm Code 402)
-First Notice Published: 19 Ill Reg 10347 - 7/21/95
-Expiration of Second Notice Period: 12/15/95

Commerce and Community Affairs

Public Infrastructure Loan and Grant Programs (14 Ill Adm Code 610)
-First Notice Published: 19 Ill Reg 12849 - 9/15/95
-Expiration of Second Notice Period: 12/15/95

Employment Security

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

Administrative Hearings and Appeals (56 Ill Adm Code 2725)
-First Notice Published: 19 Ill Reg 11282 - 8/4/95
-Expiration of Second Notice Period: 12/17/95

Determination of Unemployment Contributions (56 Ill Adm Code 2770)
-First Notice Published: 19 Ill Reg 13168 - 9/22/95
-Expiration of Second Notice Period: 12/22/95

Environmental Protection Agency

Procedures for Issuing Loans from the Water Pollution Control Revolving Fund (35 Ill Adm Code 365)
-First Notice Published: 19 Ill Reg 12860 - 9/15/95
-Expiration of Second Notice Period: 12/16/95

Insurance

Credit Life and Credit Accident and Health Insurance (50 Ill Adm Code 951)
-First Notice Published: 19 Ill Reg 11765 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Credit for Reinsurance Ceded (50 Ill Adm Code 1104)
-First Notice Published: 19 Ill Reg 12903 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Repeal of Letters of Credit (50 Ill Adm Code 1102)
-First Notice Published: 19 Ill Reg 12921 - 9/15/95
-Expiration of Second Notice Period: 12/30/95

Liquor Control Commission

The Illinois Liquor Control Commission (11 Ill Adm Code 100)
-First Notice Published: 19 Ill Reg 12165 - 8/25/95
-Expiration of Second Notice Period: 12/31/95

Merit Commission

Merit Commission Rules (80 Ill Adm Code 100)
-First Notice Published: 19 Ill Reg 12856 - 9/15/95
-Expiration of Second Notice Period: 12/14/95

Natural Resources

The Taking of Wild Turkeys-Spring Season (17 Ill Adm Code 710)
-First Notice Published: 19 Ill Reg 13158 - 9/22/95
-Expiration of Second Notice Period: 12/28/95

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

Relocation Assistance and Payments Program (17 Ill Adm Code 2575)
-First Notice Published: 19 Ill Reg 13156 - 9/22/95
-Expiration of Second Notice Period: 12/28/95

General (62 Ill Adm Code 1700)
-First Notice Published: 19 Ill Reg 1492 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

General Definitions (62 Ill Adm Code 1701)
-First Notice Published: 19 Ill Reg 1498 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Areas Designated by Act of Congress (62 Ill Adm Code 1761)
-First Notice Published: 19 Ill Reg 1470 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Requirements for Coal Exploration (62 Ill Adm Code 1772)
-First Notice Published: 19 Ill Reg 1631 -2/17/95
-Expiration of Second Notice Period: 12/17/95

Requirements for Permits and Permit Processing (62 Ill Adm Code 1773)
-First Notice Published: 19 Ill Reg 1637 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Revision; Renewal and Transfer, Assignment or Sale of Permit Rights (62 Ill Adm Code 1774)
-First Notice Published: 19 Ill Reg 1663 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Permit Applications-Minimum Requirements for Legal, Financial, Compliance, and Related Information (62 Ill Adm Code 1778)
-First Notice Published: 19 Ill Reg 1627 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Surface Mining Permit Applications-Minimum Requirements for Information on Environmental Resources (62 Ill Adm Code 1779)
-First Notice Published: 19 Ill Reg 1692 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Surface Mining Permit Application-Minimum Requirements for Reclamation and Operation Plan (62 Ill Adm Code 1780)
-First Notice Published: 19 Ill Reg 1687 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Underground Mining Permit Applications-Minimum Requirements for Information on Environmental Resources (62 Ill Adm Code 1783)

JOINT COMMITTEE ON ADMINISTRATIVE RULES

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-First Notice Published: 19 Ill Reg 1706 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Underground Mining Permit Applications-Minimum Requirements for Reclamation and Operation Plan (62 Ill Adm Code 1784)
-First Notice Published: 19 Ill Reg 1712 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Requirements for Permits for Special Categories of Mining (62 Ill Adm Code 1785)
-First Notice Published: 19 Ill Reg 1653 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Small Operator Assistance (62 Ill Adm Code 1795)
-First Notice Published: 19 Ill Reg 1670 - 2/17/95
-Expiration of Second Notice Period: 12/12/95

Bonding and Insurance Requirements for Surface Coal Mining and Reclamation Operations (62 Ill Adm Code 1800)
-First Notice Published: 19 Ill Reg 1474 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Permanent Program Performance Standards-Surface Mining Activities (62 Ill Adm Code 1816)
-First Notice Published: 19 Ill Reg 1569 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Permanent Program Performance Standards-Underground Mining Operations (62 Ill Adm Code 1817)
-First Notice Published: 19 Ill Reg 1530 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Special Permanent Program Performance Standards-Operations on High Capability Lands (62 Ill Adm Code 1825)
-First Notice Published: 19 Ill Reg 1676 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Department Inspections (62 Ill Adm Code 1840)
-First Notice Published: 19 Ill reg 1485 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

State Enforcement (62 Ill Adm Code 1843)
-First Notice Published: 19 Ill Reg 1682 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

JOINT COMMITTEE ON ADMINISTRATIVE RULES

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Civil Penalties (62 Ill Adm Code 1845)
-First Notice Published: 19 Ill Reg 1481 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Administrative and Judicial Review (62 Ill Adm Code 1847)
-First Notice Published: 19 Ill Reg 1454 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

General Rules Relating to Procedure and Practice (62 Ill Adm Code 1848)
-First Notice Published: 19 Ill Reg 1526 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Training, Examination and Certification of Blasters (62 Ill Adm Code 1850)
-First Notice Published: 19 Ill Reg 1697 - 2/17/95
-Expiration of Second Notice Period: 12/17/95

Designation of Restricted Waters in the State of Illinois (17 Ill Adm Code 2030)
-First Notice Published: 19 Ill Reg 12565 - 9/8/95
-Expiration of Second Notice Period: 1/5/96

Professional Regulation

Private Detective, Private Alarm and Private Security Act of 1993 (68 Ill Adm Code 1240)
-First Notice Published: 19 Ill Reg 13187 - 9/22/95
-Expiration of Second Notice Period: 12/27/95

Public Aid

Rights and Responsibilities (89 Ill Adm Code 102)
-First Notice Published: 19 Ill Reg 12227 - 8/25/95
-Expiration of Second Notice Period: 12/22/95

Practice in Administrative Hearings (89 Ill Adm Code 104)
-First Notice Published: 19 Ill Reg 12604 - 9/8/95
-Expiration of Second Notice Period: 12/31/95

Assistance Standards (89 Ill Adm Code 111)
-First Notice Published: 19 Ill Reg 13771 - 10/6/95
-Expiration of Second Notice Period: 1/5/96

Aid to Families with Dependent Children (89 Ill Adm Code 112)
-First Notice Published: 19 Ill Reg 11773 - 8/18/95
-Expiration of Second Notice Period: 1/4/96

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AGENDA

Aid to the Aged, Blind or Disabled (89 Ill Adm Code 113)
-First Notice Published: 19 Ill Reg 13489 - 9/29/95
-Expiration of Second Notice Period: 12/30/95

Related Program Provisions (89 Ill Adm Code 117)
-First Notice Published: 19 Ill Reg 8942 - 7/7/95
-Expiration of Second Notice Period: 1/5/96

Food Stamps (89 Ill Adm Code 121)
-First Notice Published: 19 Ill Reg 12602 - 9/8/95
-Expiration of Second Notice Period: 1/4/96

Medical Payment (89 Ill Adm Code 140)
-First Notice Published: 19 Ill Reg 12937 - 9/15/95
-Expiration of Second Notice Period: 1/5/96

Hospital Services (89 Ill Adm Code 148)
-First Notice Published: 19 Ill Reg 13199 - 9/22/95
-Expiration of Second Notice Period: 12/30/95

Child Support Enforcement (89 Ill Adm Code 160)
-First Notice Published: 19 Ill Reg 13775 - 10/6/95
-Expiration of Second Notice Period: 1/4/96

Demonstration Programs (89 Ill Adm Code 170)
-First Notice Published: 19 Ill Reg 8933 - 7/7/95
-Expiration of Second Notice Period: 1/5/96

Public Health

Food Service Sanitation Code (77 Ill Adm Code 750)
-First Notice Published: 19 Ill Reg 533 - 1/20/95
-Expiration of Second Notice Period: 12/16/95

Retail Food Store Sanitation Code (77 Ill Adm Code 760)
-First Notice Published: 19 Ill Reg 551 - 1/20/95
-Expiration of Second Notice Period: 12/16/95

Racing Board

Licensing (11 Ill Adm Code 502)
-First Notice Published: 19 Ill Reg 12961 - 9/15/95
-Expiration of Second Notice Period: 12/22/95

Admissions and Credentials (11 Ill Adm Code 1428)
-First Notice Published: 19 Ill Reg 11446 - 8/11/95
-Expiration of Second Notice Period: 12/22/95

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

Rehabilitation Services

Voter Registration Program (89 Ill Adm Code 880)
-First Notice Published: 19 Ill Reg 13541 - 9/29/95
-Expiration of Second Notice Period: 1/5/96

Revenue

Practice and Procedure for Hearings Before the Illinois Department of Revenue (86 Ill Adm Code 200)
-First Notice Published: 19 Ill Reg 7143 - 5/26/95
-Expiration of Second Notice Period: 12/12/95

Secretary of State

Illinois Safety Responsibility Law (92 Ill Adm Code 1070)
-First Notice Published: 19 Ill Reg 13543 - 9/29/95
-Expiration of Second Notice Period: 1/5/96

Transportation

Oversize and Overweight Permit Movements on State Highways (92 Ill Adm Code 554)
-First Notice Published: 19 Ill Reg 12980 - 9/15/95
-Expiration of Second Notice Period: 12/22/95

EMERGENCY RULEMAKINGS

Agriculture

Meat and Poultry Inspection Act (8 Ill Adm Code 125) (Peremptory)
-Notice Published: 19 Ill Reg 15766 - 11/17/95

Employment Security

Payment of Unemployment Contributions, Interest and Penalties (56 Ill Adm Code 2765) (Emergency)
-Notice Published: 19 Ill Reg 16113 - 12/1/95

Public Aid

Practice in Administrative Hearings (89 Ill Adm Code 104) (Emergency)
-Notice Published: 19 Ill Reg 15521 - 11/13/95

Aid to Families with Dependent Children (89 Ill Adm Code 112) (Emergency)
-Notice Published: 19 Ill Reg 15839 - 11/27/95

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

Child Support Enforcement (89 Ill Adm Code 160) (Emergency)
-Notice Published: 19 Ill Reg 15492 - 11/13/95

Demonstration Programs (89 Ill Adm Code 170) (Emergency)
-Notice Published: 19 Ill Reg 15849 - 11/17/95

EXEMPT RULEMAKINGS

Pollution Control Board

Definitions and General Provisions (35 Ill Adm Code 211)
-Proposed Date: 8/14/95
-Adopted Date: 11/3/95

Definitions and General Provisions (35 Ill Adm Code 211)
-Proposed Date: 8/25/95
-Adopted Date: 11/3/95

AGENCY RESPONSES

Natural Resources

Designation of Restricted Waters in the State of Illinois (17 Ill Adm Code 2030)
-First Published: 8/18/95
-Recommendation Issued: 10/17/95
-Response: Agreement

Professional Regulation

Illinois Public Accounting Act (68 Ill Adm Code 1420)
-First Published: 3/31/95
-Objection Issued: 10/17/95
-Response: Refusal

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of November 21, 1995 through November 27, 1995 and have been scheduled for review by the Committee at its December 12, 1995 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
1/4/96	Office of the Auditor General, Code of Rules (74 Ill Adm Code 440)	8/25/95 19 Ill Reg 12143	12/12/95
1/4/96	Office of the Auditor General, Code of Regulations (74 Ill Adm Code 420)	8/25/95 19 Ill Reg 12114	12/12/95
1/4/96	Commissioner of Banks and Trust Companies, Quarterly Statement of Affairs (38 Ill Adm Code 371)	10/6/95 19 Ill Reg 13627	12/12/95
1/4/96	Department of Public Aid, Aid to Families with Dependent Children (89 Ill Adm Code 112)	8/18/95 19 Ill Reg 11773	12/12/95
1/4/96	Department of Public Aid, Food Stamps (89 Ill Adm Code 121)	9/8/95 19 Ill Reg 12602	12/12/95
1/4/96	Department of Public Aid, Child Support Enforcement (89 Ill Adm Code 160)	10/6/95 19 Ill Reg 13775	12/12/95
1/5/96	Department of Agriculture, Egg and Egg Products Act (8 Ill Adm Code 65)	10/6/95 19 Ill Reg 13610	12/12/95
1/5/96	Department of Natural Resources, Designation of Restricted Waters in the State of Illinois (17 Ill Adm Code 2030)	9/8/95 19 Ill Reg 12565	12/12/95

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

1/5/96	Department of Public Aid, Medical Payment (89 Ill Adm Code 140)	9/15/95 19 Ill Reg 12937	12/12/95
1/5/96	Department of Public Aid, Demonstration Programs (89 Ill Adm Code 170)	7/7/95 19 Ill Reg 8933	12/12/95
1/5/95	Department of Public Aid, Assistance Standards (89 Ill Adm Code 111)	10/6/95 19 Ill Reg 13771	12/12/95
1/5/96	Department of Public Aid, Related Program Provisions (89 Ill Adm Code 117)	7/7/95 19 Ill Reg 8942	12/12/95
1/5/96	Department of Rehabilitation Services, Voter Registration Program (89 Ill Adm Code 880)	9/29/95 19 Ill Reg 13541	12/12/95
1/5/96	Office of the Secretary of State, Illinois Safety Responsibility Law (92 Ill Adm Code 1070)	9/29/95 19 Ill Reg 13543	12/12/95

Rules acted upon during the quarter of October 1 through December 31, 1995 are listed in the Issues Index by Title number, Part number and Issue number. For example, 32 Ill. Adm. Code 610 published in Issue 42 will be listed as 32-610-42. This Issues Index supplements the Sections Affected and Cumulative Indexes published in the October 13, 1995 Illinois Register (Issue 41). Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-7017.

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